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TRANSACTIONS
OF THE
CANADIAN DENTAL
ASSOCIATION

ANNUAL MEETING
BESSBOROUGH HOTEL
SASKATOON SASK
JUNE 2-8 1949

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Annual Meeting, Bessborough Hotel,
Saskatoon, Sask.,
June 2 - 8, 1949.

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BOARD
OF
GOVERNORS

OFFICIALS

1948 - 1949

Officers

President	-- H.J. Merkeley, Winnipeg
Immediate Past-President	-- J.K. Carver, Montreal
Vice-President	-- G.V. Fisk, Toronto
Secretary-Treasurer	-- Don W. Gullett, Toronto.

Executive

H.J. Merkeley, J.K. Carver, G.V. Fisk,
G. Ratté, V.D. Crowe, Don W. Gullett.

Board of Governors

H.M. Cline	-- 1428 Medical-Dental Bldg., Vancouver, B.C.
H. Baden Powell	-- 309 Greyhound Bldg., Calgary, Alta.
W.M. Blair	-- 1005 McCallum Hill Bldg., Regina, Sask.
H.J. Merkeley	-- 613 Medical Arts Bldg., Winnipeg, Man.
Harvey W. Reid	-- 195 Yonge St., Toronto, Ont.
S.J. Phillips	-- 12½ Simcoe St. S., Oshawa, Ont.
R.P. Lowery	-- 19A Glendonwynne Rd., Toronto, Ont.
C.M. Purcell	-- Pembroke, Ont.
J.K. Carver	-- 1240 Union Ave., Montreal, Que.
Gustave Ratte	-- 140 rue St. Jean, Quebec City, Que.
A.J. Coughlan	-- 20 Dorchester St., Saint John, N.B.
V.D. Crowe	-- 807 Prince St., Truro, N.S.
R.H. Barrett	-- Charlottetown, P. E. I.

PRESIDENT

H. J. Merkeley, Winnipeg

ADDRESS TO BOARD OF GOVERNORS

Last year it was our privilege to meet amidst very picturesque and historic surroundings that had cradled those hardy pioneer French speaking Canadians, who have so indelibly marked the course of our history.

The year before we had met in another historic spot, where the early English speaking pioneers laid the foundation of our Canadianism, and from whence so many statesmen have gone forth to make their contribution in the wider fields.

Today we meet on the banks of yet another historic waterway, being far inland it was spared the horrors of war so often visited upon coastal towns, nevertheless it is historic, having been the pathway of the early explorers, and now in these later days this area is one of the great bread-baskets of the world.

As we yearly journey to various parts of our far flung land we thrill with pride to realize this is our Canada, and these splendid men we meet our professional confreres, united all in their efforts to increase their contribution in the field of health. These our yearly meetings have been, and may they long continue to be a growing bond of understanding and goodwill between our diverse elements.

This being our annual meeting it is necessary that as President I should recount some of the activities of the year, but first may I pay tribute to the earnest, effective and unselfish attention given by the members of the various committees to their tasks. Only those on the Executive can fully appreciate their contribution. As usual our headquarters staff cannot be too highly commended for its efficiency and dispatch, and I must pay special tribute to our Secretary, one cannot visualize a C.D.A. without him.

Since the last meeting of the Board of Governors your Executive has met and transacted the business that lay in their field, you will presently have a report on these matters. Likewise many of our committees found frequent meetings necessary to keep their work in hand, their reports will also be tabled.

Year by year as we seek to fulfil our duty to the public and our profession, we are called upon to face new problems and the old ones ever become more complicated.

At the present time discussions on national health insurance seem of major importance. Our Secretary as you know visited Britain last year following our meeting and brought back with him a very comprehensive picture of the position of our profession in Britain, this will prove invaluable in discussing future steps in any proposed change in our present status.

The Council on Dental Education has continued its efforts, looking towards a standardization of Dental Curricula, as well as entrance requirements, and much progress has been made.

P R E S I D E N T

Your Secretary and I travelled from coast to coast and as officers of the Association received a very sincere and cordial welcome. These visits are of inestimable value to promote unity of purpose, and as a means of informing our entire profession of our aims, objectives and accomplishments, I believe we do not yet realize the impact for good that is accomplished in this way.

A matter that will continue to demand considerable attention for a few years is some means of fairly handling the matter of dental personnel among the D.P.'s that may be with us. Some provinces lack dentists and not understanding the varying degrees of competence necessary to gain diplomas of varying grades in some foreign lands, the tendency is for lay provincial authorities to regard our safeguards as a closed corporation hurdle, needlessly erected by us. Our policy should be fair yet we must safeguard the excellence of our standards, so that we may more readily reach one of our goals, the recognition of dentistry as a health profession.

Last year we appointed an Advisory Committee. It has done excellent work in the matter of analyzing our present and future needs in regards to a headquarters, and you will have their report in due course. I would stress the importance and urgency of giving careful consideration to their submission. Our whole future as a national association may well be determined by what decisions we make on this subject.

There has been a continued rapidly growing recognition of the financial needs of our organization and of its importance, with a marked readiness by the provincial dental boards to enlarge grants, and may I with due modesty, yet some pride, point to the contribution my own province Manitoba has decided to make. What a service we can render the public and our profession when all the provincial boards make a similar contribution. May we venture the hope this day will not be long in dawning.

Our Journal has continued to occupy a place of well earned recognition in the field of dental publications, although mounting costs of publication have been a great source of worry to those charged with the responsibility for publication. It is increasingly clear that larger grants will be necessary to maintain the standard of excellence already set. The importance of the Journal as the ambassador from the C.D.A. to the individual dentist needs no stressing and its unifying influence is acknowledged.

Our Secretary's Report will carry a comment in greater detail of headquarter activities so I will not encroach on this field. May I, in closing, express my appreciation to all who have made a contribution to our work during the past year, their time has been unselfishly given without limit.

May I thank the Executive Committee, the Board of Governors, Chairmen and Committee Members, and our Secretary for their continuous kindly cooperation, assistance and support during the past year. With this same loyalty and enthusiastic support, I know my successor will have a very successful and happy year, this I wish him.

COMMENT ON ADDRESS

We agree with the President in comments on the beautiful and historic locations in which this organization has met during its last two sessions. We would add that the fine location of the City of Saskatoon and the excellent arrangements made for our comfort together with the blessing of much needed rain make this a very happy occasion for this meeting.

The President's Address might be described in Parliamentary terms as "The Speech from the Throne" in that it outlines the activities of the organization since the last meeting and outlines plans for the future.

- (1) The President is to be congratulated not only on the active leadership which he has given our Association during his tenure of office, but also for the comprehensive, yet concise manner in which his report is presented.
- (2) We concur in the President's tribute to the very splendid work of the Secretary, as well as to the fine efforts of the Executive and other committees.
- (3) Your Committee heartily endorse the policy which resulted in the Secretary's trip to the United Kingdom, where he was able to study and later present his report on the very fundamental changes which have recently taken place there in relation to dental practice.
- (4) We agree with the President's comments on the importance of the work of the Council on Dental Education and express the hope that the activities of the Council will be continued.
- (5) The Committee wish to commend the President especially for his official travells from coast to coast where, in company with the Secretary, he was enabled to meet representative groups in all provinces, and not only enlighten them as to the objectives of our Association but also to enlist their more active support in attaining those objectives.
- (6) We agree with the President's advice to provincial dental bodies with reference to the attitude which should properly be taken towards D. P. dentists and their qualifications.
- (7) We wish to congratulate Manitoba and Alberta on the very splendid lead they have given in the matter of financial support to our Association. This is just another argument for the necessity of increased financial support for the C. D. A., as we cannot afford to have our official organ show a decline in its present high standard because of financial restrictions.

APPROVED BY THE BOARD

[illegible]

Other health associations have entered into the field of publicity rather

The Association was organized in Montreal, September 16-18 in the

3 Newfoundland

As of March 21st, Newfoundland became the 10th province to join the confederation.

4 Personnel

The annual statistical data survey of dental care in 1984 was

The annual statistical data survey of dental personnel for this year shows a loss of 52 as compared with the preceding year. The loss is serious in view of the expressed demand for increased personnel by authoritative bodies outside the dental profession. The decrease was caused by the fact that the largest Canadian school had no graduating class during 1948. However, it is pointed out that if this school had graduated a normal class there would have been little or no increase. Dental schools now have classes, limited only by the available facilities in each school, which are made up for the most part of ex-service men. The first postwar classes will graduate in 1950 which should result in an increasing personnel for several succeeding

years. The maximum number possible of graduates from Canadian schools, with present facilities, is stated to be approximately 200. The average loss through death and retirement is over 100 per year. The difference between the estimated number of graduates and the stated average loss in personnel does not represent the actual increase in personnel. Actually the average increase is much less. The increase since the year 1938 has actually been 375. During the same interval the population has increased 1,731,000. The Association has not seen fit to make any statement, as to whether or not increased teaching facilities are necessary to provide more personnel. Repeatedly, this question is asked, by numerous officials and answer is made difficult unless this body expresses opinion.

5. Dental Education Facilities

Several inquiries have been made during the year respecting the establishment of dental schools. In the case of Laval University, Quebec City, information has been received that the establishment of a dental faculty has been approved. It is pointed out that the work of the Council on Dental Education is most important in relationship to indicated developments.

6. Annuities -- Income Tax

Some discussions have taken place in respect to securing deductions for income tax purposes of payments made for annuity purposes. It is thought that it may be possible to establish a plan acceptable to the authorities. However it is too early to make any prediction respecting the subject.

Resolutions have been received from dental societies requesting that effort be made to secure deduction of expenses incurred in attending post graduate courses. Effort has been made to secure this deduction upon several occasions and will be sought on every opportunity, but so far such effort has been unsuccessful.

7. 75th Anniversary of Establishment of Dental Education in Canada

The 1950 Meeting will be held at Toronto. Already the Committee in charge has held several meetings and arrangements are well under way. It so happens that dental education began in Canada in the year 1875 and it is planned to give prominence to this anniversary, as the key-note of the '50 Meeting. Fortunately the C.D.A. is meeting at the same place where dental education began in Canada and the Dental School is cooperating in the matter.

8. International Dental Federation

Considerable correspondence has been received during the year from the International Dental Federation relative to the position of the C.D.A. It is pointed out in the correspondence, that the F.D.I. has been recognized as the official representative body for dentistry in the World Health Organization. The report of the Committee on International Affairs contains information respecting the direction given that Committee at the last annual meeting.

9. Visitations

Your President has been enthusiastically received by societies all

SECRETARY

across Canada. These annual visits have become a welding influence for dentistry and are made at considerable sacrifice on the part of your presiding Officer.

10. Health Planning

This meeting is being held in the midst of deciding grave issues as to the future basis of health services. A Canadian health program was instituted one year ago with the definite objective of instituting a full scheme of health care for the whole population of Canada. Work is proceeding in every province across the country, directed toward assessing the need, surveying the personnel and facilities, and developing recommendations for the future. It is doubtful if our members realize the potentialities of the movement. The results can definitely and drastically alter the circumstances surrounding the work and life of every last dentist in Canada.

In some provinces the representatives of the dental profession have entered into the preparatory work, and in others little is being done. It matters not, whether or not, opportunity is offered to the rest of the profession by those in authority. If it be considered that proper representation or attention has not been allotted to the dental profession, then we should proceed separately to do the task, and present properly documented memoranda at the proper time. We may rest assured that no other committee, board or organization is going to work in the interests of the dental profession; whatever is done for the future of dentistry will have to be done by the representatives of dentistry.

That the present is a critical time cannot be over-emphasized. Let no one think that alterations will be easily obtained after plans are finalized. The time for action is during this developmental period, which is now upon us. Surely the portents are plainly before us. The need for abundant effort was never greater.

A carefully drafted statement, containing, in general terms, the policy of the Association towards future health services would be opportune and of value at this time. Such statement must be constructive and cannot afford to be reactionary.

11. Position of Professions

Some are stating that respect for the professions is not what it used to be in times past. The attitude of the public toward the profession is most important at this time of critical social adjustment. At times the point is asked why a profession should enjoy certain privileges.

An examination of the legal position of dentistry in different countries will quickly indicate that the dental profession in Canada has probably greater freedom of action than in any other country. This point has been taken for granted by our members. Care should be taken to see that the authority delegated to the profession is properly administered.

The phrase 'education for cash' is current in some quarters and signifies a very different spirit than the phrase 'education for service', which preceded it. A real danger exists here, for in all discussions respecting the position of the profession in future health services, the strongest arguments are to be found among the ethical principles of a profession.

In the constitution of this Association will be found among the objectives, the words "To elevate and sustain the professional character and education of dentists". As an Association we should not lose sight of this objective, and effort should be made to implement it. One thing is certain -- the danger of outside interference is lessened with every degree of attainment toward the establishment of high ethical conduct in a professional respect among the members of the profession.

12. Conclusion

The demands upon Headquarters during the past year have been far greater than the accomplishments, which is regretfully stated. The staff has laboured diligently for long hours and deserve much credit for their untiring efforts. Splendid cooperation has been given freely by all officers and committees in performing their duties, which has made the work of our office pleasant. Many members have given abundantly of their time and means to forward the interests of the Association: thus exemplifying a spirit which has permeated the whole membership. During the year a great number of our members have expressed to me their gratitude for your efforts, and on their behalf, I desire to thank you one and all.

COMMENT AND DISCUSSION

It is our pleasure to express appreciation to the Secretary for a very searching report on the many requirements and obligations which confront our Association during the coming year and upon which consideration should be given and recommendations offered.

1. Publicity

The pace of progress of our organization will be governed largely by favourable publicity and this dissemination of information to both our membership and the public as well.

2. 50th Anniversary

The Golden Anniversary of our Association should be fittingly observed in 1952.

We suggest that a committee be appointed to prepare plans for honouring this occasion. (Referred to Executive for action.)

3. Newfoundland

We extend a hearty welcome to our new Province and the members of the Newfoundland Dental Society and suggest that our President and Secretary plan to visit Newfoundland to personally convey our good wishes and advise them on matters pertaining to our organization.

4. Personnel

With the increasing demands on our profession and the need for greater numbers we deem it advisable that greater teaching facilities be made available and more young men encouraged to study Dentistry.

SECRETARY

5. Dental Education Facilities

Our congratulations to Laval University, Quebec, on its efforts to establish a Dental School and our best wishes for its future success. Proper guidance by the Council on Dental Education in the launching of this undertaking we feel would do much to set its right course.

6. Annuities -- Income Tax

Past accomplishments by our Executive with the Income Tax authorities have been greatly appreciated by our membership. We trust that further conferences on the matter of deductions on payment for annuities and relief on expenses for postgraduate courses may prove equally profitable to us.

7. 75th Anniversary of Establishment of Dental Education in Canada

Such an event as the establishment of Dental Education in Canada should be well recognized by the Canadian Dental Association at the 1950 Meeting in Toronto. We learn with much satisfaction that suitable plans are in the making for bringing this Anniversary to the attention of the members.

8. International Dental Federation

We look forward with much enthusiasm to that time when our Association finds itself in a financial position to join the International Dental Federation. (See action taken -- Report on International Relations.)

9. Visitations

The increased interest of the membership in Canadian Dental Association activities and their response for greater financial assistance is chiefly the result of the sacrifice of our Presidents and Secretary in making the strenuous and tiresome trip from Coast to Coast to keep our members informed. We extend our grateful thanks to them.

10. Health Planning

We agree that a carefully drafted policy of the Association for future health services is most urgent and we understand that an appropriate plan is being submitted by the Health Insurance Committee.

11. Position of Profession

We agree that every effort should be exerted by the Association through proper publicity to maintain the high standards and dignity of our profession.

12. Conclusion

We feel that the thanks of our membership is due our headquarters staff who so seriously and conscientiously work for the betterment of our organization.

APPROVED BY THE BOARD.

MOTIONS

That the 1951 Annual Meeting of the Canadian Dental Association be held in the City of Ottawa.

-- Adopted.

That the 1952 Annual Meeting of the Canadian Dental Association be held in the City of Vancouver.

-- Adopted.

FINANCE

REPORT OF TREASURER

Your attention is directed to the financial statement of our auditors, for the year ending December 31st, 1948, which appears on the green pages following this report.

Whereas the budget for 1948 estimated a revenue of \$41,451.55 the actual revenue for the year was \$41,812.09. Fortunately, the increased grants from the Corporate Members have kept pace with the rising costs of carrying on the established activities of the Association. However, the rise in costs has not permitted the expansion of activities or the initiation of new work to much extent.

With one or two exceptions the costs were kept within the particular amount allotted in the budget.

The War Memorial Fund has now become stabilized, there being no donations during the year. The income of the Fund is approximately \$227.00 annually, with payments of \$200.00 annually in the form of awards.

\$2,000.00 was paid out of the Research Fund during the year by way of Studentships. No further donations to this fund from outside the Association are indicated at present.

The reserve fund of the Association was increased during the year by the purchase of a \$1,000. bond of the Province of Ontario and a \$500..bond of the Province of Quebec, making the total sum slightly in excess of \$20,000.

A resolution should be passed appointing auditors for the year.

True Copy of Auditors' Statement**THORNE, MULHOLLAND, HOWSON & McPHERSON****Chartered Accountants****Federal Building****Toronto, Canada****February 14, 1949.**

**Dr. H. J. Merkeley,
President, Canadian Dental Association,
Toronto, Ontario.**

Dear Sir:-

We have audited the accounts of the **CANADIAN DENTAL ASSOCIATION** for the year ended December 31, 1948, and submit herewith the following statements:

Certified Balance Sheet.	Page 2
Statements of Revenue and Expenditure	
General.	" 3
War Memorial Fund	" 4
Dental Research Fund	" 4

Respectfully submitted,**THORNE, MULHOLLAND, HOWSON & McPHERSON****Chartered Accountants**

Canadian Dental AssociationBalance Sheet

December 31, 1948

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- Assets -General Account:

Cash on hand and in bank.	5,915.42	
Dominion and Provincial 3% bonds at cost		
(market value \$20,108.74)	20,119.37	
Interest accrued on bonds	155.00	
Office furniture and fixtures. 3,498.71		
Less reserve for depreciation. 739.61	2,759.10	28,948.89

War Memorial Fund:

Cash in bank	389.23	
Dominion of Canada 3% bonds, at cost (market value \$7,546.87)	7,875.00	
Interest accrued on bonds	56.25	8,320.48

Dental Research Fund:

Cash in bank		6,994.05
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Dental Research Committee:

Cash in bank		550.65
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\$44,814.07- Liabilities -Surpluses:

<u>General Account:</u>		
Balance, December 31, 1947	24,862.56	
Surplus for year 1948.	4,086.33	28,948.89

War Memorial Fund:

Balance, December 31, 1947.	8,293.45	
Surplus for year 1948	27.03	8,320.48

Dental Research Fund:

Balance, December 31, 1947	6,476.00	
Surplus for year 1948.	518.05	6,994.05

Dental Research Committee:

Balance, December 31, 1947.	570.30	
Committee expenses for year	19.65	550.65

\$44,814.07Auditors' Report

We have audited the accounts of the Canadian Dental Association for the year ended December 31, 1948, and report that, in our opinion, the above balance sheet fairly presents the financial position of the Association as at December 31, 1948, excluding the accounts of the Committee on Publications, according to the best of our information and the explanations given us, and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON

Chartered Accountants

Canadian Dental AssociationStatement of Revenue and ExpenditureGeneral

Year ended December 31, 1948

-0-

-REVENUE-

Grants from Provincial Boards:

British Columbia	3,696.00	
Alberta	2,760.00	
Saskatchewan	1,560.00	
Manitoba	2,460.00	
Ontario	20,000.00	
Quebec	8,008.00	
New Brunswick	880.00	
Nova Scotia	1,576.00	
Prince Edward Island	224.00	41,164.00
Interest on bonds		565.49
Sundry Revenue		82.60
		<u>41,812.09</u>

-EXPENDITURE-

Grants:

British Columbia Children's Course	250.00	
The Committee on Publications	9,130.00	
Dental Research Fund	1,500.00	10,880.00
Secretary's honorarium		3,999.96
Clerical Assistance		3,871.20
Officer's pension plan		1,177.62
Unemployment insurance		93.24
Other committee expenses (not including Com- mittee on Publications)		3,482.38
Officers' expenses		2,345.10
Board of Governors meeting expenses		6,083.35
National Convention expenses		299.60
Deficit from 1948 National Convention		1,076.75
Pamphlets and reports		906.46
Stationery and office expense		1,634.41
Telephone and telegraph		107.11
Postage		1,361.11
Depreciation, office furniture and fixtures		349.87
Loss on disposal of office equipment		57.60
		<u>37,725.76</u>

<u>Surplus for year</u>	<u>\$4,086.33</u>
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Canadian Dental AssociationWar Memorial FundStatement of Revenue and Expenditure

Year Ended December 31, 1948.

-0-

- REVENUE -

Bond interest	225.00	
Bank interest	<u>2.03</u>	227.03

- EXPENDITURE -

Scholarship awards		<u>200.00</u>
<u>Surplus for year</u>		<u>\$27.03</u>

Dental Research FundStatement of Revenue and Expenditure

Year ended December 31, 1948.

-0-

- REVENUE -

Grants:		
Dominion Dental Council	1,000.00	
Canadian Dental Association, from General Account	<u>1,500.00</u>	2,500.00
Interest		<u>30.58</u>
		<u>2,530.58</u>

- EXPENDITURE -

Studentships	2,000.00	
Exchange	<u>12.53</u>	2,012.53
<u>Surplus for year</u>		<u>\$518.05</u>

REPORT

Even at the risk of encroaching on another's domain one cannot refrain from mentioning a proposal that is to be put to this Board of Governors' meeting for the establishment of a permanent Headquarters for the Association. One ready solution would be for all Corporate Members to follow the

FINANCE

lead so admirably given by those mentioned above, however, whatever the method, it is fervently hoped that the necessary finances will be forthcoming to implement the proposal without delay.

COMMENT

Treasurer's Report :

1. We note with regret that no further donations outside the Association to the Research Fund are indicated for this year.
2. We note with pleasure that the reserve fund of our Association was increased by \$1,500. during the year.
3. We recommend the adoption of the Treasurer's Report

Auditor's Report:

1. After a detailed study of this report we recommend its adoption.
2. We recommend that the firm of Thorne, Mulholland, Howson & McPherson be reappointed as auditors for the coming year.

Finance Committee Report:

Paragraph 1. This statement agrees with Auditors' Statement Revenue and Expenditure.

Paragraph 2. We concur in action of Finance Committee in purchase of Bonds and payment of amount due on newly acquired office equipment.

Paragraph 3. No comment.

Paragraph 4. We commend the Chairman for stating so clearly our present financial position.

Paragraph 5. No comment.

Paragraph 6. We heartily concur in the sentiments expressed.

Paragraph 7. We endorse the principle herein suggested.

APPROVED BY THE BOARD

The Chairman of the Finance Committee presented the following budget which was adopted:

BUDGET FOR 1949

	Estimated 1948 Budget	Actually Received 1948	Estimated for 1949
<u>Revenue:</u>			
Provincial Grants:			
Prince Edward Island	200.00	224.00	232.00
Nova Scotia	1,500.00	1,576.00	1,780.00
New Brunswick	800.00	880.00	1,110.00 *
Quebec	8,400.00	8,008.00	8,320.00 *
Ontario	20,000.00	20,000.00	20,000.00 *
Manitoba	2,000.00	2,460.00	6,000.00
Saskatchewan	1,500.00	1,560.00	1,910.00 *
Alberta	2,700.00	2,760.00	2,700.00
British Columbia	3,696.00	3,696.00	4,740.00 *
Interest on Bonds	555.00	565.49	575.00
Associate Members	100.00	65.00	75.00
Sale of Pamphlets		17.60	
	<u>41,451.55</u>	<u>41,812.09</u>	<u>47,442.00</u>

* (Actually Received)

FINANCE

BUDGET FOR 1949

	Estimated for 1948	Actually Expended 1948	Estimated for 1949
<u>EXPENDITURES:</u>			
Headquarters:			
Office rent @ 2,400, for balance of '49			1,200.00
Secretary-Treasurer	4,000.00	3,999.96	4,000.00
Clerical Assistance	3,720.00	3,824.20	5,650.00
Annuity Payment	1,177.62	1,177.62	1,177.62
Unemployment Insurance	70.00	93.24	120.00
Sundry Expenses			250.00
Committees:			
Publications - grant	9,130.00	9,130.00	11,500.00
Research - grant	1,500.00	1,500.00	2,000.00
Capital Account (sinking fund 3%)			1,500.00
Other Committee Expenses:			
Executive	1,500.00	379.50	1,500.00
Education	2,000.00	564.21	2,000.00
Dental Public Health	300.00		500.00
Convention	100.00	299.60	100.00
Dental Services	200.00	158.10	200.00
Legislation	25.00	25.00	25.00
Nomenclature	100.00	100.00	100.00
International Relations	1,800.00	1,609.18	25.00
Industrial Dentistry	100.00	100.00	300.00
Hospital Dental Services	150.00	50.00	150.00
Public Relations	300.00	248.10	400.00
Scholarship (War Memorial)	75.00	28.62	75.00
Finance	25.00		25.00
Ethics	25.00		25.00
By-laws	25.00		25.00
Advisory	25.00	50.00	25.00
Health Insurance	25.00	128.08	500.00
Auxiliary Services	25.00		25.00
Specialists & Specialization	25.00		25.00
New Committees	100.00		100.00
Nominating		25.00	25.00
Federation Dentaire Internationale			500.00
B. C. Childrens' Course	250.00	250.00	
Research (for pamphlets)		12.24	
Translations		47.00	250.00
Insurance Renewal		20.57	30.00
Officers Expenses	2,500.00	2,286.92	2,800.00
Board of Governors Meeting	6,500.00	6,083.35	8,000.00
National Convention Deficit		1,076.75	
Pamphlets & Reports	1,000.00	906.46	1,750.00
Membership Fees	100.00	58.18	100.00
Stationery & Office Supplies	1,500.00	1,618.19	1,800.00
Telephone & Telegraph	150.00	107.11	150.00
Postage	1,000.00	1,361.11	1,800.00
Depreciation, Office Furniture	200.00	349.87	350.00
Loss on disposal of office equipment		57.60	
<u>TOTAL</u>	<u>39,722.62</u>	<u>37,725.76</u>	<u>51,077.62</u>
<u>SURPLUS for year</u>		<u>4,086.33</u>	
<u>DEFICIT</u>			<u>3,635.62</u>

EXECUTIVE

MEMBERS OF EXECUTIVE: H.J. MERKELEY, CHAIRMAN, WINNIPEG, MAN.; J.K. CARVER, MONTREAL, QUE.; G. RATTE, QUEBEC, QUE.; V.D. CROWE, TRURO, N.S.; G.V. FISK, TORONTO, ONT.; DON W. GULLETT, TORONTO, ONT.

REPORT

The past year has brought an increasing number of items to the Executive Committee for attention, so that even the two long days of the March meeting barely sufficed to attend to the business. The future will probably call for at least a three day session.

May I in a brief manner inform you of matters that received attention:

(1) For some years we have been trying to have expenses incurred in attending dental conventions made a deductible item for income tax purposes. This request to the Federal Department has been acceded to with certain reservations.

(2) During the year a very fine article was written on Dentistry for inclusion in an occupational guidance volume, that will shortly be available.

(3) Some of the members of the Executive Committee accompanied by members of interested committees, had interviews with the Minister of Health and the Minister of Justice, some results may have been obtained.

(4) The Minister of Health recently requested the appointment of a Dental Committee to act in an advisory capacity on matters pertaining to Canada's National Health Plan. The President appointed a Committee of five from the Health Insurance Committee as follows: Drs. Fisk, Reid, Ratte, McCabe and Gullett.

Certain matters had been referred from the Annual Meeting, these were dealt with as follows:

(5) The Advisory Committee was asked to study and bring in a report to the Board of Governors on the advisability of combining the Health Services Committees.

(6) In the matter of securing a Public Relations Assistant, it was recognized that although present publicity was not very satisfactory, increased facilities were needed by the Association before any change could be made.

(7) Certain former Canadian Dentists now practising in Great Britain wish to become Associate Members of the C.D.A. but found it difficult to transfer funds. It was decided to allow them to deposit their dues to the credit of the C.D.A. in a bank in Great Britain acceptable to the Secretary of the C.D.A., this fund to be available to the C.D.A. for certain necessary purchases by it in Great Britain.

(8) Dr. Garvin was appointed tentative Chairman of an Arts and Hobbies Committee to bring in a report at this meeting as to the feasibility of having such an exhibit at our Annual Meeting.

EXECUTIVE

(9) It was decided to have the Secretary set up a new card system of the C.D.A. membership, with complete data on each individual, and to have this list published as early as possible in 1950.

(10) The establishment of a dental section in the Canadian Public Health Association was endorsed, as were also, steps to encourage men already engaged in Dental Public Health activities to seek membership in that Association.

(11) The direction being given by the Committee on Publications on matters relating to the Journal was entirely approved, but the mounting costs of publication were a cause for considerable concern and some hesitation was felt in recommending greater commitments for the future.

(12) The Advisory Committee presented a report in reference to a headquarters. University authorities have hinted they would like to use the space we now occupy, so the Advisory Committee gave considerable thought to procuring other quarters. It was finally agreed after long discussion to request the Advisory Committee to present a budget to the Board of Governors that would include an amortization over a period of twenty years, of the cost of purchase of a suitable property at an occupancy cost of \$60,000.00, and that the requested budget include the annual financial outlay necessary for the employment of an assistant secretary, and of such office assistance as is deemed necessary.

(13) The matter of magazine articles derogatory to dentistry was discussed in Dr. Harry Thomson's Report. No recommendations were made for dealing with this situation, but the matter was left with Dr. Thomson's Committee for further study.

(14) The action of the Health Insurance Committee was endorsed. They have sub-committees now studying:

- (a) plans for a prepayment dental service.
- (b) drafting a general statement of the C.D.A. plan for dental health service. This has as a matter of fact been completed and is now available for the use of Provincial Committees.
- (c) to study different methods of payment under a health service plan.

(15) The survey of Canadian Dental Schools was endorsed and it is recommended to the Board of Governors that the Board accept financial responsibility.

(16) The recommendation of the Chairman of the Committee on Dental Public Education, that a Director of Dental Public Health be appointed was not concurred in, as it was felt that the needs of the situation could be met at present by expanding the facilities of our headquarters and supplementing the staff as necessary, meanwhile leaving Dental Public Health matters under the direction of the Secretary.

(17) It was suggested that the auditors give consideration to the inclusion of a cash statement in the annual statement.

(18) It was decided to forward to Corporate Members a copy of the auditors statement, accompanied by a letter of explanation from the Chairman of the Finance Committee.

(19) The possible urgency of the necessity for procurement of suitable headquarters was discussed at length and it was agreed to request the Advisory Committee to take the necessary step to ensure the possibility of obtaining suitable housing accommodation for the C.D.A. headquarters staff, and if necessary to take an option not exceeding \$500.00.

(20) The Budget was recommended for adoption by the Board of Governors.

(21) It was recommended that no further action on the matter of Group Life Insurance be taken, and that the Board of Governors table the matter.

(22) It was noted that the Department of National Defense was forming a Board to be known as the Health Resources Advisory Board for the purpose of utilization of health personnel to the best advantage in case of an emergency.

(23) The matter of support for the International Dental Federation was discussed. The World Association had requested annual dues of \$1,000.00 and suggested the possibility of holding one of their annual meetings in Canada. The Executive recommended to the Board of Governors that if any action be taken respecting C.D.A. financial participation as a National Committee that it be on the basis of a grant.

(24) The tentative arrangements for the Board of Governors meeting were endorsed.

(25) An invitation was extended to Government Departments concerned to send three representatives to the Saskatoon Meeting.

(26) Corporate Members were to be encouraged to send their Secretary Registrars to the Board of Governors Meeting.

(27) A name was sanctioned for proposal to the Board of Governors for Honorary Membership in the C.D.A.

(28) Dr. J. W. Clay was appointed Installing Officer.

(29) Dr. C.H.M. Williams was appointed chairman of the Program Committee for the 1950 meeting in Toronto, and it was agreed that the financial arrangement of the 1946 meeting be the pattern for the 1950 meeting.

(30) Ottawa had asked for the 1950 meeting to be held in that City but since the invitation of Toronto had already been accepted it was agreed to advise the E.O.D.A. we would be glad to consider an invitation to hold the 1951 meeting in Ottawa.

(31) A petition from Dr. Hersh asking the C.D.A. to take certain steps in variance with the policy of the C.D.A. in reference to Government controls was filed.

(32) The names of members of Provincial Boards was added to the mailing list for the Governors' Letter.

(33) In reference to the taking of steps to bring Newfoundland's dentists into the C.D.A. it was decided to hold the matter in abeyance until some later date.

(34) It was noted with regret that no history of the R.C.D. Corps had been written in spite of the fact many other units have already published their history, and it was agreed to take the matter up with the D.G.D.S. and suggest immediate action.

EXECUTIVE

COMMENT

(Numbers refer to numbering of original report)

- (1) Income Tax — The deductions allowed are appreciated.
- (2) We recognize the value of having an article on dentistry included in an occupational guidance volume.
- (3) We recognize the value of the Executive Committee keeping in touch with Governmental Departments at a ministerial level.
- (4) We commend the appointment of an Advisory Committee on matters dealing with the National Health Plan. We consider this to be a forward step.

Re Matters referred from Annual Meeting

- (5) We will be interested in the report of the Advisory Committee on the desirability of combining the Health Services Committees.
- (6) We approve action of Executive Committee.
- (7) We agree with this proposal.
- (8) We feel that an Arts and Hobbies exhibit at our Annual Meeting should be encouraged.
- (9) We agree with the principle of having as complete records as possible.
- (10) We agree on the desirability of encouraging membership in the Canadian Public Health Association.
- (11) We feel the Committee on Publications should be given every encouragement our financial position will allow.
- (12) We feel that the securing of permanent headquarters and employment of an assistant secretary and required office help is urgent. The Advisory Committee's proposed budget should be given serious consideration. (See Report of Advisory Committee)
- (13) We agree on the advisability of leaving this with the Public Relations Committee for further study.
- (14) We commend the work of the Health Insurance Committee and sub-Committees.
 - (a) Plans for a prepayment dental service.
 - (b) C.D.A. plan for dental health service.
 - (c) The study of different methods of payment under a health service plan.
- (15) We endorse the survey of Canadian Dental Schools. Financial responsibility to be assumed by Board of Governors if possible.
- (16) We feel that the action of the Executive be concurred in.

- (17) We agree with the suggestion that the auditors give consideration to the inclusion of a cash statement in the annual statement.
- (18) We agree with the decision to provide Corporate Members with a copy of the auditors statement and explanation by Chairman of the Finance Committee.
- (19) We agree with the request to the Advisory Committee re suitable headquarters and the taking of an option not to exceed five hundred dollars.
- (20) We reserve comment until Budget is presented.
- (21) We agree that no further action on Group Life Insurance be taken and the Committee thanked and relieved of its duties.
- (22) We agree on the desirability of the formation of a Health Resources Advisory Board.
- (23) We agree with the principle that if participation with the International Dental Federation is taken any financial participation be in the form of a grant.
- (24) We commend arrangements for the Board of Governors meeting.
- (25) We agree with invitation extended to Government Departments.
- (26) We agree upon the desirability of Registrars attending Board of Governors meeting.
- (27) We agree.
- (28) We agree.
- (29) We agree on the appointment of Dr. Williams as Chairman of Program Committee for 1950 and financial arrangements as for 1946 meeting.
- (30) We reserve comment.
- (31) We agree.
- (32) We agree.
- (33) We feel that the men of Newfoundland should be included as soon as possible.
- (34) We agree with the action taken relative to: the preparation of a history of the R.C.D.C.

APPROVED BY THE BOARD

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None of the provincial Registrars have reported any change or additions

There has been some correspondence with the Registrar in Newfound -

In the Federal Field:

Income Tax

1. One convention per year of the Canadian Dental Association.

- The expenses to be allowed must be reasonable and must be properly substantiated: e.g., the taxpayer should be able to produce

The expenses to be allowed must be reasonable and must be properly substantiated; e.g. the taxpayer should show (1) dates of the convention (2) number of days present, with proof of claim supported by a certificate of attendance issued by the organizations sponsoring the meetings, (3) expenses incurred, segregating between (a) transportation expenses, (b) meals and (c) hotel expenses, for which vouchers should be obtained and kept available for inspection.

"None of the above expenses will be allowed against income received by way of salary since such deductions are expressly disallowed by statute."

The concluding sentence undoubtedly states the law, but will hardly appeal to the taxpayers as a sensible argument. It is difficult to see what reasons there can be for allowing the deductions to a dentist whose income is the charges he makes, and not allowing them to a dentist whose income is a salary yet does the same work. The distinction made necessary by the statute suggests that the statute is in need of revision on this point.

COMMENT

1. Your Committee note with satisfaction the cooperation that exists between provincial boards and the Committee on Legislation, also the alertness of the personnel of the provincial boards is commendable.
2. We hope that steps will be taken at an early date to receive the dentists of Newfoundland into the C.D.A.
3. The deductions allowed are appreciated by our membership.
4. We feel that the forms required to substantiate these deductible items should be uniform across Canada and the C.D.A. approve same.

APPROVED BY THE BOARD

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... held five regular meetings, one of which included the

True Copy of Auditors' Statement

THORNE, MULHOLLAND, HOWSON & McPHERSON

Chartered Accountants

Federal Building

Toronto, Canada

February 21, 1949.

Dr. H. J. Merkeley,
President, Canadian Dental Association,
Toronto, Canada.

Dear Sir:-

We have audited the accounts of the COMMITTEE ON PUBLICATIONS of the Canadian Dental Association for the year ended December 31, 1948, and submit herewith the following statements:

Certified Balance Sheet.	Page 2
Statement of Revenue and Expenditure	" 3

In connection with the audit of the editor's office expenses, there was submitted to us a certified statement of the editor's disbursements for the year ended December 31, 1948, totalling \$1,478.81, which amount is included in the accompanying statements.

Respectfully submitted,

THORNE, MULHOLLAND, HOWSON & McPHERSON

Chartered Accountants

Canadian Dental AssociationCommittee on PublicationsBALANCE SHEET

December 31, 1948

-0-

- ASSETS -Current Assets:

Cash on hand and in bank.	1,647.20	
Account receivable.	169.29	1,816.49

Capital Assets:

Office furniture and fixtures.	378.03	
Less Reserve for depreciation.	302.76	75.27

\$1,891.76- LIABILITIES -Current Liabilities:

Account payable.	1,002.31
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Surplus

Balance, December 31, 1947.	1,513.90	
Less Deficit for year 1948.	624.45	889.45

\$1,891.76AUDITORS' REPORT

We have audited the accounts of the Committee on Publications of the Canadian Dental Association for the year ended December 31, 1948, and report that, in our opinion, the above balance sheet fairly presents the financial position of the Committee as at December 31, 1948, according to the best of our information and the explanations given us, and as shown by the books.

THORNE, MULHOLLAND, HOWSON & McPHERSON

Chartered Accountants

Canadian Dental AssociationCommittee on PublicationsSTATEMENT OF REVENUE & EXPENDITURE

Year ended December 31, 1948.

-0-

- REVENUE -

Advertising	30,406.20	
Canadian Dental Association grant	9,130.00	
Subscriptions	473.00	
Donations	15.15	40,024.35

- EXPENDITURE -

Honoraria:

Dr. M. H. Garvin	1,800.00	
Dr. G. de Montigny	540.00	
Dr. T. R. Marshall	120.00	
Dr. J.A. Fortier and Dr. Paul Geoffrion	80.00	2,540.00

Expense allowances:

Business manager	1,200.00	
Dr. M. H. Garvin	600.00	
Dr. G. de Montigny	400.00	
Dr. T. R. Marshall	480.00	
Dr. J.A. Fortier and Dr. Paul Geoffrion	40.00	
Dr. D. T. Wayne	15.15	
Dr. W. C. Oxner	15.15	
Dr. J. F. Edgecombe	15.15	
Dr. E. T. Bourke	15.15	
Dr. J. F. Morrison	15.15	
Dr. H. L. Freeland	15.15	
Dr. L. G. Robinson	15.15	
Dr. L. D. Haselton	15.15	2,841.20

Editor's office expenses	1,396.28	
Committee meeting expenses	37.10	
Publishing The Journal	23,615.46	
Commission, Consolidated Press, Limited	5,391.57	
Agency commission	3,448.15	
Cuts and postage	1,266.58	
Depreciation on office furniture and fixtures	8.26	
Office and general expense	104.20	40,648.80

Deficit for year		<u>\$624.45</u>
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PUBLICATIONS

B U D G E TCOMMITTEE ON PUBLICATIONS

	1948 (Actual)	1949 (Estimated)	1950 (Estimated)
<u>REVENUE</u>			
Advertising	30,406.20	30,000.00	32,000.00
C.D.A. Grant	9,130.00	11,500.00	12,500.00
Subscriptions	473.00	400.00	500.00
Donations	15.15		
	<u>40,024.35</u>	<u>41,900.00</u>	<u>45,000.00</u>
<u>DISBURSEMENTS</u>			
Salaries	2,540.00	2,540.00	2,540.00
Expense Allowances	2,841.20	2,840.00	2,840.00
Editors office expense	1,396.28	1,500.00	1,540.00
Committee meeting expenses	37.10	250.00	250.00
Publishing the Journal	23,615.46	25,572.00	26,000.00
Commission - Consolidated Press	5,391.57	5,750.00	6,150.00
Agency commission	3,448.15	3,500.00	3,800.00
Cuts and postage	1,266.58	1,300.00	1,375.00
Depreciation on office furniture and fixtures	8.26	1.00	1.00
Office and General Expenses	<u>104.20</u>	<u>150.00</u>	<u>150.00</u>
<u>ACTUAL DEFICIT FOR 1948</u>	<u>624.45 *</u>		
<u>ESTIMATED DEFICIT FOR 1949</u>		<u>1,503.00</u>	
<u>ESTIMATED SURPLUS FOR 1950</u>			<u>394.00</u>

* Auditors' Report.

FINANCIAL SUMMARY FOR C.D.A. JOURNAL

for 1948

	Revenue	Agency Com.	Consol. Com.	Printing	Post- age	Engrav- ing	Duty	Misc.	Profit	Loss
Jan.	\$2,013.00	202.63	362.07	1,770.78	40.13	83.60	.80	.37		447.38
Feb.	2,774.25	322.78	490.29	1,909.65	67.37	45.11				60.95
Mar.	2,552.95	289.03	452.78	2,137.78	45.57	65.76	.90	.87		439.74
Apr.	2,772.50	309.88	492.76	2,051.65	61.21	35.18		.87		179.05
May	2,499.50	279.28	444.04	1,976.99	41.48	91.44		1.07		334.80
June	2,695.50	313.93	476.49	1,963.79	8.92	61.66		1.09		129.48
July	2,235.50	255.28	396.04	1,889.32	50.41	22.74	.66	1.02		379.97
Aug.	2,204.00	240.69	392.66	1,728.85	81.15	91.74	1.88	5.39		338.36
Sept.	2,856.50	338.53	503.59	1,975.09	40.08	33.65		-3.35		31.09
Oct.	2,790.00	324.28	493.14	1,868.39	58.00	39.93	1.68	1.07	3.51	
Nov.	2,535.50	297.66	447.57	2,164.43	50.21	77.21	1.00	1.07		503.65
Dec.	2,474.00	271.78	440.44	2,160.13	9.05	61.46	.90	1.32		471.08
Totals	30,403.20	3,444.85	5,391.87	23,596.86	553.58	709.48	7.82	10.79	3.51	3,315.55

Total Expenditure	\$33,715.24
Total Revenue	30,403.20
Loss	<u>\$ 3,312.04</u>

FINANCIAL SUMMARY
FOR C.D.A. JOURNAL

January, February, March, -- 1949

	Revenue	Agency Com.	C.P. Com.	Printing	Post- age	Engrav- ing	Duty	Misc	Profit	Loss
Jan.	\$2,241.00	253.62	379.48	2,173.65	53.81	135.91		1.02		774.49
Feb.	2,271.00	239.00	406.40	2,137.35	56.50	238.53		.92		807.70
Mar.	2,593.30	303.13	459.17	2,102.37	47.93	61.66	.50	.97		382.43
	\$7,105.30	795.75	1,263.05	6,413.37	158.24	436.10	.50	2.91		1,964.62

Total Expenditure

Total Revenue

Loss for 3 months

\$9,069.92

7,105.30

\$1,964.62

RECOMMENDATIONS

Your Committee has studied this report and wish to compliment the Committee on Publications on the manner in which they have handled the affairs of the Journal throughout this trying year. The conciseness of their report received very favourable comment.

1. It is suggested that the Committee on Publications investigate the feasibility and desirability of publishing larger pages as a possible means of increasing space in the Journal.
2. We recommend that the Journal be sent to the members of the profession in Newfoundland and we suggest that the first issue to reach them contain Editorials in French and English welcoming them as Canadian dentists and if possible this be the August issue.
3. We recommend:- THAT an abstract report of the Proceedings of this meeting in French and English, be sent to the members of the C.D.A. THAT it be produced on the Multigraph machine in the headquarters office and authority be given for necessary assistance. THAT the Publications Committee be asked to cooperate in this effort. THAT this Report be made available to Senior undergraduates and the dentists of the Province of Newfoundland.
4. We recommend that the Auditors statement of the finances of the Committee and Statement of Revenue and Expenditure and the Budget for 1950 as prepared by the Committee be adopted.
5. We recommend the adoption of the Report.

APPROVED BY THE BOARD

REPORT OF THE EDITOR - M. H. GARVIN

At this time as I bring to you, the Governors of the Canadian Dental Association, the Editor's Report, the Journal is in the midst of its fifteenth year of publication and the experience gained throughout these years has been considerable. Naturally problems have arisen and there have been differences of opinion but none has arisen which has not been settled amicably; There has been the finest spirit of cooperation between the Journal Committee, the provincial editors, Dr. Marshall and myself and particularly would I emphasize the pleasant relationship which has existed between the officers responsible for the French Section of the Journal and the officers responsible for the English Section. To all of these confreres I extend my grateful thanks

During the past year one issue contained 128 pages, six had 112 pages, one 108, one 104, one 100 and one 88. Because it is more profitable from a financial standpoint, to publish Journals having pages of a multiple of 16 or at least 8 pages I have always set up the Journal on this basis but on account of last minute changes in advertising plans only 7 issues were multiples of 16, 2 were multiples of 8 and three were not in this grouping. I mention this arrangement of pages because on account of finances the Committee on Publications has been forced to limit the number of pages in any one issue to 112. As it is practically impossible to have all issues exactly the same size

with advertising pages varying so much in number it means that a number of issues must contain less than 112 pages including advertising. This has meant that it has been impossible to develop the Journal as I would have wished. It was quoted in Time Magazine of June 16, 1947 that Dr. Morris Fishbein, Editor of the American Medical Association Journal thinks nothing of paying telegraph tolls on a 7000 word medical article that he considers "hot news" which is equal to eleven pages in our Journal. I am not even hinting that I should follow this plan but it is mentioned to emphasize the viewpoint that if any journal is to be made outstanding the financial arrangements must not be too restricted.

It has been questioned as to whether a larger journal would intrigue the interest of our men more than at present but I would like to point out that the question of size is not the important matter. Our Journal might be twice its present size and be half as interesting. However other matters which do involve size are of vital importance. For some years we have had practically no news items from our foreign correspondents nor have I felt free to contact them re the same for fear that there would be no room for these articles when they did arrive. There has been little or no opportunity to write prominent men abroad, or even in our own country, to write articles on some specific subject for fear of much delay in getting the same published. Many condensed articles from the dental journals of the world and news items of interest go unpublished for the same reason.

It is my own personal conviction that this should not be. When the Journal was inaugurated the C.D.A. Delegates considered the Journal so important that they voted 50% of their total budget for this purpose and promised more as soon as funds were available. It was the considered opinion in those days that the Journal was the most important project of the Association. The only contact the majority of our dentists have with the C.D.A. is through this publication. Canadian dentistry abroad is judged largely by the calibre of our national publication. Without it, progress of any worthwhile dimension would be impossible; so to curb its activities, to retard its growth is a matter of vital importance to Canadian dentistry and I feel that this cannot be emphasized too strongly.

I feel that there should be a reconsideration of the status of the Journal, an appraisal of its value to Canadian dentistry and a new understanding of its relationship to other activities of the C.D.A.

This is no criticism of your Committee on Publications. The Board of Governors vote funds for a multitude of enterprises and our Secretary-Treasurer who is also Business Manager of the Journal has to allocate available funds to meet these obligations as best he can and so the Journal suffers and will continue to suffer until there is a different understanding as to the priority, which in my opinion the Journal should enjoy.

Conclusions

1. The status of the Journal in its relation to other C.D.A. activities should be re-appraised.
2. That funds should be provided for the enlargement and the improvement of the Journal as conditions permit in the interests of Canadian dentistry even if some other less important activities be curtailed until such time as the C.D.A. dues are adequate to meet the program we all agree should be instituted as soon as possible.

COMMENT

1. We agree heartily that the gratitude of the Board of Governors should be expressed to the Editorial staff for their enthusiasm and time consuming efforts on behalf of the National Journal. The committee wishes to couple with the names of those mentioned in the paragraph, the name of the Editor whose perennial enthusiasm, vision, and ability has maintained the Journal as one of the two best Dental Journals in the world.
2. We recognize the difficulties that have been encountered, e g., shortage of paper and then the tremendous rise in printing costs. These may have influenced the decision of the Committee on Publications but we believe, from their report, that they consider 112 pages to be about the ideal size for the Journal. The committee recommends that as finances permit the number of advertising pages be reduced.
3. We fully recognize the importance of the Journal in our national dental life and feel sure that this view is shared by all present at this meeting and by the dentists of Canada.
4. We agree that as finances permit, increased grants be made for the work of the Journal. They did not feel competent, however, to assess the respective values of the different activities of the C.D.A. and to establish priorities. They would respectfully point out that over 25% of the total revenue of the Association is now devoted to the production of the Journal. This automatically establishes a priority and should reassure the Editor of the appreciation of the Board of Governors of the position the Journal holds in the activities of the Association.

APPROVED BY THE BOARD

REPORT OF THE EDITOR OF THE FRENCH SECTION

— GERARD de MONTIGNY

Once again I realize what a privilege it is for a Canadian dentist to appear before a Board whose members are so fully aware of the conditions and needs of Canadian dentistry, as they exist today. It is also a privilege to act in the capacity of Editor of the French section of the Journal of the Canadian Dental Association because this function allows me to fully appreciate the good-will and the sane state of mind of French speaking dentists of this country.

At about the same time, last year, in our report, we stressed the fact that we lacked space to publish all the excellent material that we get from the University of Montreal, the dental societies and the individuals. We have on hand, a rather plentiful supply of interesting articles on scientific matters that we cannot publish because our twelve monthly pages will not allow us sufficient printing space, as we also have to provide space for news of interest to Canadian dentistry in general.

At the rate of one medium sized article a month, we are booked up for a solid year in advance. We do hope that the data and theories contained in these articles do not become obsolete before we publish them.

PUBLICATIONS

On account of this lack of space, we are unable to show improvement in our section of the Journal. We should like to see in it different items such as:

1. Comments or abstracts of articles appearing in over twenty European French Journals with which we exchange our Journal.
2. Book Review -- French, Belgian and Swiss. Publishing houses, this year, have sent us their dental publications for comments in the Journal and we have had to turn them down.
3. Editorial. We feel that an Editorial has its place in a Dental Journal such as ours so we may convey to our members our way of thinking in different matters pertaining to dentistry as conditions change constantly. We have thought many times of inviting the French leaders in Canadian dentistry to prepare editorials for our Journal but, always for the same reason, we have been forced into a long period of waiting.

My sole object in writing these lines is one thing: More space in the Journal.

Our relations with French European Dental Journals are increasing as years go by. Comments on the Journal of the Canadian Dental Association are appearing regularly in European periodicals and even some of our articles are reproduced in these journals. When we notice the interest of European readers for American literature, we wonder if something could not be done to increase the number of our subscriptions in these countries. I am not ready at this time to suggest definite ways of publicizing our Journal in Europe, but I can assure you that "Le journal de l'Association dentaire canadienne", being the only French-written Journal in America, commands great interest in countries where French is spoken. I have an abundance of correspondence to prove this fact and every foreign dentist is eager to know more about Canadian dentistry.

In closing, may I express my deep appreciation for the support I have received from Doctor Garvin, the English Section Editor. His kindness and willingness are most encouraging. To Dr. Gullett, the Business Manager, my most sincere thanks for his cooperation. To Dr. Lowery, the Chairman of the Committee on Publications, my gratitude for his amiable collaboration.

COMMENT

1. We desire to express thanks to the Editor for his efforts in developing the French Section of the Journal to such a high standard.
2. We recommend that as soon as additional pages of the Journal are available for text that a proportional increase be made in the French Section
3. We commend the Editor and staff of the French Section in their desire to further the interest of European dentists in the Journal. Every assistance should be given and facilities provided for these European readers to become subscribers.
4. We note with pleasure the happy relationship that exists between the French speaking and English speaking members of the Editorial Staff.
5. We recommend the adoption of the original report.

APPROVED BY THE BOARD

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This report was prepared after a review of the minutes of the Council. Cer...

Chairman, I have the honor to report on several matters

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arise because of an insufficient knowledge of human nature. . . . Few persons will challenge the hypothesis that the principle endeavour of dental teaching is to furnish the undergraduate students with a basic culture so that they may take an active interest in all the attainments of human endeavour. . . . Dentistry is not a trade to be learned or a skill to be acquired, it is a profession to be entered. The dental graduate who is nothing more than a technician cannot, in the very nature of things, be fair to himself, his profession, or his country."

The lack of cultural training in professional courses has, during the past year, attracted a great deal of the attention of the Senate of at least one Canadian university, and they intend doing something about it; in fact something has already been done, and I am pleased to say that some of the young men in the Faculty of Dentistry in that university have taken a very active part in trying to interest students in the cultural phases of life. Universities are beginning to show a dislike for those courses which are nothing more than glorified trade schools. In this respect Dentistry has been one of the worst offenders. I believe that the men on this Board of Governors have a great appreciation for the value of training in the cultural subjects, and they should be used to disseminate the information throughout the profession. It might be advantageous to eliminate some of the technics from our conventions programmes to make room for discussions on fundamental biological and cultural subjects. At Murray Bay last year, Dr. Garvin suggested that something be done to exhibit the cultural attainment of members of our profession in art, literature, music, etc. What have we done about it? What are the dental faculties doing to encourage such talents in their students? With the curriculum as it exists today, we are deliberately suppressing the finest traits in our young people. A famous Japanese writer once said, "On Sundays, Americans get into their automobiles and drive like hell, while I sit under a tree and think." Not so long ago I heard a university professor say, "In dealing with students we must be practical. We are training them for jobs. The day of sitting under a tree and reading the classics is gone forever." If that be true, God help us.

I have levelled these criticisms at the universities partly that I might be in a more favourable position to criticise the profession at large. The Deans of our faculties still receive recommendations for candidates from dentists which go something like this, "This boy will make a fine dentist. I have known him for years. He had a terrible struggle getting through school, and I know his marks are not very high, but he is a wonderful mechanic." At our society meetings and conventions you will find the crowds where the technics are being shown. Too many of our practices are organized upon commercial standards suggested by representatives of supply houses. Every hour of the day must bring in so many dollars. The training of young men and women to take our places in future years is a tradition of number one importance; the ear-mark of any profession, and yet there is a dearth of qualified or willing dental teachers everywhere on this continent. I know a very successful insurance man who, while poorly schooled himself, took a very active interest in university administration, where by the way, he served without pay. He was chosen to the Board of Governors because of his business success and fine character. On one occasion I was placed beside him at a banquet. I scarcely knew how to fit into a conversation on a business basis but to my surprise, no business was mentioned by him. The culmination of his opinions were summed up in his remark as follows, "From my experience in this university it has become very clear that if our civilization is to survive, we must support our universities and pay less attention to the dollar sign in all phases of our society." Is dentistry prepared to forget the dollar sign for a while and

revert to the ideals of the days of such men as Drs. Adams and Willmott? How many of you know that Dr. Willmott vowed after graduation that his first duty was to God and that he would give 10% of his income to his church. During his first year he earned about \$200. Of that amount, 10% did go to the church. Or, how often do we recall the sacrifice of Dr. Adams who practised in a small town in Ontario many years ago. He must have been a good man for he said he had been called by God to go to Toronto to take care of the dental needs of the children in the slums. He carried on private practice in order to meet his financial obligations, but after school hours, gave his attention to the school children. As time went on he was giving more and more of his time without remuneration and from year to year he got poorer and poorer until finally as a reward for having instigated dental service for the school children of Canada, the City of Toronto sold his home for taxes. Any city would have done the same thing.

In order to give you a better idea of Dr. Cowling's report I am including his recommendations as follows:

- (1) That pre-dental training be given all applicants for admission to dentistry.
- (2) That the pre-dental training extend over a period of two academic years.
- (3) That admission to the pre dental course be by certification similar to or the equivalent of that which is customarily required for enrolment in the Arts Departments of universities recognized by the Canadian Dental Association.
- (4) That such pre-dental training be taken under the auspices of the Arts departments of the universities so approved, but in collaboration with the Council on Dental Education, Canadian Dental Association.
- (5) That admission to the professional dental course be contingent upon the successful completion of the prescribed two-year pre-dental training or three years in a course of study leading to either the Bachelor of Arts or Bachelor of Science degree of a university approved by the Canadian Dental Association and provided, always, that such courses include the prerequisite science subjects.
- (6) That the pre-professional course include instruction in:

English -- Vocabulary, Spelling, Grammar and Rhetoric, Literary Information, Composition (Narrative and Expository) Reading.

Mathematics -- Algebra (Elementary, Intermediate and Advanced) Geometry (Plane and Solid) Trigonometry.

Modern Languages -- French, Spanish, German or Italian.

Sciences -- Physics (General Physics, Mechanics, Hydrostatics and Hydromechanics, Properties of Matter, Heat, Acoustics, Electricity and Magnetism, Light.)

Chemistry (General Chemistry, Inorganic and Organic Chemistry)

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Biology (General nature of living organisms, Heredity and Genetics, Comparative Dental Anatomy)

Botany (General Botany)

Zoology (General Zoology)

History -- Ancient, Mediaeval and Modern.

It is suggested that in the selection of optional subjects, the curriculum should be so arranged as to permit the student to get the basic courses in the fundamental sciences.

- (7) That the certificates of recognized universities be accepted as evidence of the successful completion of all pre-dental requirements.

(It is felt that after two years experience with pre-dental students, the universities would be in a better position to certify as to the adequacy of student attainment and fitness for a professional career, than is possible through the giving of a single written examination.)

- (8) That dental aptitude tests be given all members of the pre-dental class when considering their applications for enrolment in the professional course.

Your Committee, when formulating these recommendations, had in mind the thought that the chief purpose of a university education is, not simply to add to the present great body of professional personnel, but to inculcate in the graduates that type of cultured mind that is easily recognizable but difficult to define. Perhaps Francis Bacon came as near to a satisfactory definition of the benefits accruing to an individual from education, when he described it as: "a passion for research, a power of suspending judgment with patience, of meditating with pleasure, of assenting with caution, of correcting false impressions with readiness, and of arranging thoughts with scrupulous pains."

To this end, it is your Committee's hope that it may be found possible to include in the pre dental training some measure of real study to supplant the customary "study programmes", and that there may be evidence of the fruits of education rather than the mere echo of a noisy pedagogical machine in operation. The suggestions submitted for a minimum entrance requirement for admission to dentistry, if followed, would make for the betterment of dental education throughout the Canadian schools and at the same time aid in satisfying the demands of the Dominion Dental Council and some at least, of the American State Boards.

(End of quotation.)

The Council considered each of the above eight recommendations individually and in general were in agreement with the contents of the entire report, but some additional recommendations resulted from the discussion. For example, it is recommended that all students be required to obtain a qualifying certificate from the registering Board of some province prior to entering upon the study of Dentistry. This is already required in Ontario and Quebec. The one year beyond senior matriculation, for entrance to dentistry, was agreed upon, and it was suggested that an additional year be recommended for students preparing for research and teaching. The drawback to this is that few students, upon entering university, have either of these objectives in mind.

Men are usually selected for these posts after graduation or during their senior years.

With the exception of Dean Mowry, it was agreed that senior matriculation was equivalent to first year university. In Quebec the two years must be taken within the University, regardless of the high school qualification. It has been noted that at present, there are more students applying for Dentistry who already have a university degree. This, however, is not necessarily by choice but rather because they were not admitted to Dentistry when they first applied. Certain members of the Council would like to see more English taught. (Chairman's remark - This would be desirable if the departments of English would come down to the student's level of their knowledge of English at the time of entry into the course. Unfortunately, they are not always prepared to do so.)

A motion was passed requesting all dental faculties to submit reports on their curricula in relation to hours devoted to each subject. This will be presented at the next meeting of the Council and should make interesting reading and create argumentative and heated discussion, on agreeable grounds, as is always the case. I venture to say that no school will be short on hours devoted to technics. The question is how will they shape up in relation to scholarly and cultural attainments.

There is still great difference of opinion as to the value of aptitude tests. Most members were in favor of continuing such tests on an experimental basis. Dean Charron was of the opinion that a personal interview was the most valuable test we could apply. If we could obtain an honest report from someone who has known the applicant and his surroundings, we should know whether we should accept him or not. This has proven to be of great value in at least one dental faculty.

Dr. Cowling concludes his report by saying that his Committee, "... had in mind that the chief purpose of a university education is, not simply to add to the present great body of professional personnel, but to inculcate in the graduates that type of cultured mind that is easily recognizable but difficult to define."

The following motion was passed by the Council, "That Dr. Cowling be requested to continue his study of pre professional requirements, directing his attention specifically to the preparation of a statement respecting pre professional courses which might be accepted from applicants for admission to the study of dentistry." Dr. Cowling agreed to accept this responsibility.

2. Dental Education and Licensure in Great Britain

The admission to practice, of graduates of British Schools, has for a number of years created problems throughout the Dominion. When this Council discovered that Dr. Don W. Gullett was going to England last summer they requested that he obtain as much information as possible relative to the British schools, that we might be able to assist the faculties and dental boards in evaluating the credentials of British graduates who make application for license to practice in Canada. This report consists of thirty pages and I regret that there is not time to present it in detail. This report and that of Dr. Cowling could easily, and may I say profitably, consume the entire time assigned to the meeting of the Board of Governors.

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There are two undergraduate and one graduate qualification available in Britain. The Bachelor of Dental Surgery is the degree course which has a higher matriculation requirement. The Licentiate in Dental Surgery is a diploma course which is usually shorter and can be taken with lower entrance requirements. There is a tendency for more students to take the B.D.S. course. The Master of Dental Surgery can be taken two years after graduation and requires two years study and an original thesis. Recently the Royal College of Surgeons has established a faculty of Dentistry making provision for dentists to qualify for Fellowship.

With the exception of the first year which is thirty weeks, the undergraduate student attends university for from forty-six to forty-eight weeks of the year. There is no uniform entrance requirements but generally speaking, they are higher for the B.D.S. course.

A thorough study of Dr. Gullett's report will be of great assistance to any faculty or board in evaluating the standing of a British graduate and it is highly recommended to you. It is interesting to note that the graduates of a Canadian school are accepted only to the L.D.S. course in Britain. We owe Dr. Gullett an expression of appreciation for this great piece of work.

The report of the committee of the Council appointed to study Dr. Gullett's report is here included as follows:

"Recognizing the importance of the material contained in this Report and the difficulties under which this data was secured, your Committee has endeavoured to bring to your attention some of the high lights of these exhaustive observations on the part of your Secretary as they pertain to the Council on Dental Education. We note:

- (1) The close relationships between Dental Education and Licensure in Great Britain.
- (2) The genesis and evolution of Dental Education within the hospital.
- (3) The development of the Dental profession under the domination of the Medical fraternity and its influence on Dental Education and practice, elevating surgery and prosthesis to a place of first importance at the expense of conservative dentistry.
- (4) That there are two methods of qualifying to practice - L.D.S. diploma and B.D.S. degree, both of which are available at practically all schools. It is gratifying to note the increasing interest in the B.D.S. degree.
- (5) That due to the lack of restrictive control of dental practise previous to 1921, the incentive for formal dental training was diminished and the progress of dental education greatly retarded.
- (6) That the recommendations of the Teviot Report are likely to be implemented and a separate Dental Board established.
- (7) The increasingly large number of women students.
- (8) That there are no uniform requirements for admission, thus further complicating the evaluation of a student's status in comparison with Canadian standards.

- (9) That students are selected not solely on academic standards but considerable importance is attached to the personal interview.
- (10) Regretfully that graduates of Canadian Dental Schools are eligible only for the lower L.D.S. diploma (the L.D.S. of the Royal College of Surgeons) which is not a university degree.
- (11) The large number of general anaesthetics administered by each student and emphasis on instruction in Oral Pathology.
- (12) The developing interest in graduate study.

In conclusion, the Committee wishes to express its appreciation to the Secretary for his painstaking efforts in compiling the data and in the preparation of this excellent report.

3. Requirements for Approval of a Dental School

You have all received a copy of the printed requirements which this Board instructed us to prepare. These have also been sent to the presidents and registrars of all universities and to all colleges giving pre-dental training.

Dr. Gullett was appointed first member of a committee to present at our next meeting, the procedure to be followed in preparation for the survey of our dental faculties. We have requested your executive to vote a sum of money for the purpose of retaining a consultant and I presume this will be presented to you through another channel. This survey is going to be expensive, and the Association will have to make provision in their budget if we are to do a thorough job. It is not something that we can do only once. It must carry on indefinitely and serve to let the universities, the public and the profession know that we want suitable training for dental students, based upon the most modern requirements. Your Council has taken the stand that these surveys should be carried out by Canadians. There is no reason, however, why we should not use consultants as well as take advantage of the experience of the American Dental Association.

A Foundation may be persuaded to provide some financial assistance if they are satisfied with our plan.

4. Requirements for Approval of Dental Internships and Residencies

This matter was referred to the Council on Dental Education by the annual meeting at Murray Bay last year. To date we have no definite programme to present, but a committee has been appointed to bring in a report at our next meeting. The Council agrees that the primary purpose of an internship is to provide training for young graduates to make them better suited to meet their professional obligations. It is not sufficient that they be used simply for emergency treatment of ward patients. Satisfactory internships will not be possible until we establish proper dental departments in our hospitals, and this will not be attained until a greater number of our profession change their attitude towards hospital service. It is not enough for us to accept an appointment to a hospital simply for the reason that we want to use it for the care of our private pay patients. We must be prepared to handle our share of charity cases and use them for the instruction of both medical and dental students. There must be created within our profession, a conviction that no dentist is recognized unless he has had postgraduate or interne

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training. Medical graduates today, cannot get appointments to university, and certain other, hospitals unless they have a fellowship or a board certificate, and then only after they have established themselves as otherwise desirable.

5. Admission of Foreign Graduates

As you are all aware, we have in this country among displaced persons and immigrants from Britain, a number of dentists. They have qualified under so many different circumstances that it is extremely difficult for anyone to evaluate their qualifications. The names of many of the universities or schools from which they graduated do not appear in any of the records possessed by registrars of Canadian universities.

A committee consisting of Dean Charron, Dean Ellis and Dr. Reid presented a report at our last meeting, as follows:

“Admission of Foreign Dental Graduates into Canadian Dental Schools to pursue studies leading to a D.D.S. degree.

A. Maintenance of standards:

- (1) Admission of dental graduates of foreign countries into Canadian Dental Schools to pursue studies leading to the D.D.S. degree is acceptable to the Council on Dental Education of the Canadian Dental Association provided always that the high academic standards of Canadian Dental Education be maintained.
- (2) Dental education in some countries is arranged on an entirely different basis from that in Canada and it is not possible to establish a workable basis for admission to advanced standing at the level of the senior years.
- (3) Because of the differences referred to in paragraph two, it is essential that careful evaluation of foreign dental schools be made as circumstances permit and that the Council establish lists of recognized dental schools indicating clearly, levels at which graduates of those schools will be considered for admission to Canadian Dental Schools. Requests for evaluation on behalf of a dental school must be made by the appropriate authorities of that dental school in question to the Council on Dental Education of the Canadian Dental Association, accompanied by detailed information of the courses (hours and description) taken in the several years leading to the degree or diploma.

B. Establishment of categories for admission to advanced standing :

- (1) Admission to the final year of the four year dental courses :
Graduates of Universities whose dental course is fundamentally similar to the pattern and standard of Canadian dental schools may be admitted to the final year and permitted to pursue studies leading to the D.D.S. degree, providing credentials are satisfactory and providing a satisfactory, confidential report is received from the Dean of the Dental School from which the applicant graduated, and the Registrar of the body under which he is licensed to practice.
- (2) Admission to advanced standing but requiring to complete two years of the four year course in a Canadian dental school : Graduates from

University dental faculties where standards, equal to #1 category, have not been proven may be admitted with advanced standing but will be required to complete two years to obtain the D.D.S. degree, provided credentials are satisfactory and providing a satisfactory, confidential report is received from the Dean of the Dental School from which the applicant graduated, and the Registrar of the body under which he is licensed to practise.

- (3) Admission to advanced standing but requiring three or more years : Graduates from dental schools where standards are known to be lower and where the basic training is inadequate, will be required to complete three or more years to obtain the D.D.S. degree, provided credentials are satisfactory and providing a satisfactory, confidential report is received from the Dean of Dental School from which the applicant graduated, and the Registrar of the body under which he is licensed to practise.

C. The Doctorate degree in Dental Surgery

The argument that to give the Doctorate degree to a graduate from a fully accredited Faculty of Dentistry of a recognized university, on the basis of one year of study, because it tends to discredit that degree, is not well-founded. In the first place, if the doctorate degree is to be accepted as the graduating degree, after a four-year course of study, then to grant it to an acceptable foreign graduate for a fifth year of study seems logical. Any discreditation of the D.D.S. degree because of this practice, is rather a matter of relative viewpoints in different countries as to the meaning of a "doctorate" degree. There are those countries in which the "doctorate" degree in dentistry is the highest degree conferred by a university or college in dentistry. If because of circumstances we choose to give it upon graduation and in another country it is given rarely, for the ultimate in dentistry, it is not the act of giving it to a graduate of that country for an additional year's study which should be questioned but the basic practise of giving what is regarded in University circles generally as the highest degree (the doctorate), as the initial degree.

This sub-committee urges that lists of recognized dental schools be prepared according to the categories established in section "B" of this report."

This committee was asked to prepare a confidential list of foreign and British dental schools under proper categories for the guidance of the deans of Canadian faculties, and the Council on Dental Education.

6. National Examining Board

Section 4(a) on page 197 of the proceedings of the last meeting of this Board was referred back to the Council. We now recommend that this section read as follows:

"4(a) All candidates must hold an Enabling Certificate from a Provincial Dental Legal Body in order to qualify."

We have nothing further to present regarding a National Examining Board. Our recommendations were presented at your last meeting and we await your further instructions.

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7. Training of Dental Hygienists

This matter at present appears to be a stale mate. All deans were present at the last meeting of the Council and all expressed the same handicap, that they lacked space and the necessary budget. Dr. Gullett was requested to write the presidents of universities with dental faculties. The replies which he received were non committal and in most cases the matter was being referred to the dean of the Faculty of Dentistry in the university, so the problem has completed a circle and is right back about where it started, in the Council on Dental Education. There was some hope that Toronto might begin a course next fall.

Dean Charron suggested that the President and Secretary of the Canadian Dental Association bring pressure to bear where necessary in order to obtain the necessary financial assistance, the Dominion Council of Health being suggested as a possibility. It is easy to understand why universities cannot immediately institute these courses. It is only a matter of two or three years since the profession woke up to the need. Many elaborate expansions to all universities, which were requested years ago, are only now beginning to become a reality, and building projects at present in progress are costing millions. We cannot expect all this to be stopped just to provide space for a small school of hygienists. It may take several years.

Dr. H K Brown of the Department of National Health and Welfare, who was a guest at our meeting, suggested that until we established courses in Canada, we should set up a list of approved American Schools of Hygienists, so that we might engage some of their graduates. Dr. Gullett expects to have such a list for the next meeting of our Council.

CONCLUSION

Progress in the work of this Council is naturally very slow. There are so many detailed investigations requiring not only a lot of work, but considerable patience. It is very obvious to your Chairman, and I am sure the Council will support me, that more money has to be provided for the work. We all know that Dr. Gullett is overworked, and is required to do things which should be spread around. He has not had a holiday for some time and I think it is regrettable if his contract does not stipulate that holidays are compulsory. They are just as important as the work a man does. As Chairman of this Council I have tried to spare him as much as possible, but there are many things that no one outside of headquarters can handle.

The present members of your Council are hard and willing workers, but we have altogether too many things ahead of us. Our work is really just getting nicely on the way and it is questionable how much longer this can be carried on by voluntary workers. I have every sympathy for the committee which has to prepare your budget.

When the President and Secretary make their annual tour of Canada this year, I think the Council on Dental Education would be pleased if their work could be explained to the profession and incidentally it might help to increase your exchequer by stimulating an increase in the annual grant from the legal bodies. I venture to say that a very small percentage of the dentists of Canada know that a Council on Dental Education exists.

In conclusion, may I express my sincere appreciation for the support which has been forthcoming from all members of the Council, the President,

the Secretary, and many others. May I express special appreciation to Dr. Gullett's staff, who have been responsible for the final preparation of this report and who helped in so many ways, and to my own secretary who after deciphering my many scribbled notes produces a report.

Samuel Johnson said, "Great works are performed not by strength, but by perseverance."

Shakespeare said, "Many strokes, though with a little axe,
Hew down and fell the hardest timber'd oak."

COMMENT & RECOMMENDATIONS

1. The Council on Dental Education is to be most highly commended for the most efficient and painstaking manner in which it has handled the duties entrusted to its care.

2. We concur in the sentiments expressed in respect of the fine work that Dr. Arthur L. Walsh has done in instigating the formation of this Council and directing its early activities. It is recommended that the Secretary write to Dr. Walsh expressing these thoughts.

3. Dr. Cowling's Report to the Council on Dental Education as summarized by the Chairman of the Council is a very highly commendable Report and it was thought fit to again bring to your attention certain quotations contained therein, namely:

(a) "There is no reason why a uniform pattern of pre professional training cannot become an accomplished fact."

(b) "It has been said that dentists are too scientific and do not know how to care for patients adequately, that they are unable to cope with unusual and unexpected situations as they arise because of an insufficient knowledge of human nature . . . Few persons will challenge the hypothesis that the principle endeavour of dental teaching is to furnish the undergraduate students with a basic culture so that they may take an active interest in all the attainments of human endeavour . . . Dentistry is not a trade to be learned or a skill to be acquired, it is a profession to be entered. The dental graduate who is nothing more than technician cannot, in the very nature of things, be fair to himself, his profession, or his country."

And to the Chairman's observation that:

"It might be advantageous to eliminate some of the techniques from our convention programmes to make room for discussions on fundamental biological and cultural subjects."

4. In considering Dr. Cowling's Recommendations, this Committee recommends:

(a) That consideration be given in section 6 to the inclusion of Latin or Greek and Latin with particular reference to Medical terminology, as a subject.

E D U C A T I O N

- (b) That section 7 be changed to read as follows: "That the transcript of record as to the adequacy of student attainment from recognized universities be accepted as evidence of the successful completion of all pre-dental requirements."

5. It was thought fit to again quote from Dr. Cowling as follows: "Perhaps Francis Bacon came as near a satisfactory definition of the benefits accruing to an individual from education, when he described it as: 'a passion for research, a power of suspending judgment with patience, of meditating with pleasure, of assenting with caution, of correcting false impressions with readiness, and of arranging thoughts with scrupulous pains'".

6. It is recommended that a letter be written by the Secretary to Dr. Cowling commending him for this excellent report and expressing the appreciation of the C.D.A. for this fine effort.

7. The recommendation of the Council on Dental Education: "that all students be required to obtain a qualifying certificate from the registering board of some province or state prior to entering upon the study of dentistry", is endorsed and it is further recommended that this recommendation be forwarded to all provincial registrars or secretaries and to the Deans of the Dental Schools in Canada.

8. We agree that it is very desirable for Dr. Cowling to continue his study of pre-professional requirements.

9. In considering the report of the Committee to study the Report on Dental Education and Licensure in Great Britain, most favourable comment was passed on this report: section 8 was considered very important and section 10 was particularly noted. (pages 48 & 49)

10. Requirements for Approval of Dental Internships and Residencies: We recommend that the Council on Dental Education continue its efforts to include the requirements for approval of residencies as well as internships.

11. Report of Sub-Committee on Admission of Foreign Dental Graduates: We are in definite agreement with this report.

12. In respect of a National Examining Board Dr. Hamilton reported that he had contacted the members of the Council on Dental Education and that with one exception they were in agreement in recommending that immediate steps be taken to form a National Examining Board under the Canadian Dental Association.

This committee agrees that such steps in forming a National Examining Board should be continued and so recommends.

13. Training of Dental Hygienists: Approved.

14. We concur in the statement that it is desirable that proper vacation time be arranged for Dr. Gullett. It has no doubt but that the Executive is keeping this in mind and intend to take proper action thereon.

15. In concluding this report we again wish to compliment Dr. Hamilton and his Council for the very excellent work they have done in the past year.

16. This committee recommends the adoption of the Report of the Council on Dental Education.

APPROVED BY THE BOARD.

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Maximum Degree:

contributed very valuable assistance.

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activities, what federal agencies are involved, and

DENTAL PUBLIC HEALTH

showed grants ranged from nothing, in some provinces, to between Sixty and Seventy Thousand in one province.

The content of the replies are summarized as follows:

British Columbia

1. No grant applied for.
2. Director of Dental Health appointed who does not possess D.P.H. Diploma (expects to take Public Health Course this fall.)

Alberta

Nothing concrete to report.

Saskatchewan

1. Complete dental survey being considered by health survey committee.
2. Application made for federal grant.
3. Grant received.
4. Amount - \$60,000. to \$70,000.
5. Full time Director of Dental Health employed who does not possess D P H Diploma (expects to take Public Health Course this fall.)
6. Thinks Saskatchewan has obtained more of health grants than most other provinces.

Manitoba

1. Application for a federal grant was made by request but was not forwarded by Provincial Minister.
2. Dental Director employed holding D P H Diploma.
3. Lack of action on part of Government.

Ontario

1. Two dentists appointed to Provincial Advisory Committee on Federal Health Grants.
2. Dental sub committees surveying province, for which purpose sufficient funds are allotted
3. Report to be published early in 1950.
4. Full time Director of Dental Health, with D.P.H. Diploma employed.
5. Two dentists taking D D P H Course under Federal Grants.

Quebec

A member of the dental profession has been appointed to the Health Survey Committee.

New Brunswick

1. Full time Director of Dental Health appointed, now taking Public Health Course.
2. Appointment under Federal Grants.

Nova Scotia

Appointment of Director of D.P. Health pending -- expect he will take public health course after appointment.

Prince Edward Island

1. No formal application for grant made -- department willing but lack personnel.
2. Public Health Nurses make annual dental examination of school children which is of some value -- department will appoint director as soon as man can be found to take public health course.

At the same time a different questionnaire went to the Deans of all the Dental Schools. Some had received grants for research, others none -- all were interested.

The replies from the Deans of the Dental Schools respecting the Federal Grants are summarized as follows:

Alberta

1. No application made for research grant.
2. Desire to embark on research project during 1949.
3. Grant could be used for:
 - (a) to index and file the statistics taken in 1936, '37 on the occurrence of fluorine in Alberta drinking water.
 - (b) to make a further analysis of the occurrence of fluorine in the communal water supplies of this province and its relation to the D.M.F. rate.

Toronto

1. Research Grant applied for and granted.
2. Amount -- \$965.00.
3. Obtained through Ontario Government.
4. Purpose -- Study of topical application of Sodium Fluoride.
5. This project was commenced late in 1948 and progress to date has been very slow. A new grant has been requested and it is probable that it will be granted. It is anticipated that the project will take several years to complete. We have already had too much publicity with respect to the project and it is requested that no further publicity be given. We are encountering numerous difficulties with respect to conducting the project.

McGill

1. No grant applied for.

Montreal

1. No grant applied for.

DENTAL PUBLIC HEALTH

Dalhousie

1. No grant applied for.
2. We have not made specific application for a health grant this year. We have a Committee of dental and non-dental people who are at present engaged in the study of the problems of Dental Education in Nova Scotia. They are trying to work out a long range plan which will consider the relationship between Dental Education and Public Health Services. Therefore, while we have not made any specific requests, we have made considerable progress along this direction.

Your Committee spent considerable time exploring various channels whereby grants could be secured to adequately finance the employing of someone suitable, and holding a Dental Public Health Diploma. This individual to act under the direction of the Canadian Dental Association Executive and in conjunction with the Canadian Dental Association Secretary. He would travel throughout Canada, and where desirable, offer suggestions and aid, in coordinating the provincial activities, so that Dental Public Health in Canada would achieve a desirable status. In this field, he would also act as a Public Relations Official, speaking authoritatively for the Canadian Dental Association - in contrast to the flood of unfavourable and unreliable sensational material appearing in our monthly magazines.

COMMENT

1. In relation to the point dealt with in paragraph 5 of the report we recommend that action be taken to ensure and facilitate the exchange of information between the Chairmen of the Committee on Dental Public Health and the official charged with similar duties in each provincial dental organization.
2. During the meeting additional information was obtained through the Dental Health Division of the Department of National Health & Welfare indicating that the over-all total of the funds obtained by the provinces from the Federal Grants for dental purposes is somewhat greater than the figures submitted in this report. This is due to funds having been obtained under a number of different grants and for a wide diversity of dental purposes. For example, provinces obtained funds for dental purposes under the T.B. Grant, the Mental Health Grant, the General Public Health Grant, etc.
3. The efforts made by Dr. McIntyre and his Committee in exploring the various channels through which grants might be obtained to finance the employment of a suitably qualified man to serve in a Public Health and Public Relations capacity under the direction of the C.D.A. are highly commended.
4. We wish also to commend the work done by Dr. McIntyre and his Committee in stimulating action in the various provinces leading to the use of Federal Health Grant funds in the interests of dental health.
5. We recommend the adoption of the original report.

APPROVED BY THE BOARD.

PROGRAM

PROGRAM COMMITTEE: C.B. HALLETT, CHAIRMAN, SASKATOON, SASK.;
L.D. HASELTON, SASKATOON, SASK.; A. SINGER, SASKATOON, SASK.;
P.W. WINTHROPE, SASKATOON, SASK.; E.B. NAGEL, SASKATOON, SASK.;
D.I. NEUMAN, SASKATOON, SASK.; R.L. TOREN, SASKATOON, SASK.;
B. WALL, SASKATOON, SASK.; N.F. GROPPER, SASKATOON, SASK.;
F. SMITH, SASKATOON, SASK.; F. SKINNER, SASKATOON, SASK.; W.T.
WAITE, SASKATOON, SASK.; V. LITTLE, SASKATOON, SASK.; MRS. R.L.
TOREN, SASKATOON, SASK.; R.E. DICKSON, SASKATOON, SASK.

REPORT

As Chairman of the Program Committee, I present the following report for your consideration:

Site of Meeting:

This Committee is very pleased that the Canadian Dental Association has accepted the invitation of the Western Canada Dental Society to hold a joint convention in Saskatoon, Sask. The convention will be held in the Bessborough Hotel on June 5, 6, 7, & 8. Prior to the general convention, the Board of Governors are meeting on June 2, 3, & 4. It was agreed, following correspondence, that the official name of the Convention would be:

"Annual Convention of the Canadian Dental Association in Co-operation with the Western Canada Dental Society."

Scientific Program:

The Committee has tried to obtain for the convention outstanding men to present their views on the various branches of dental science. Stress is being laid on Preventive Dentistry, as this was instructed at the preliminary meeting in Edmonton in September, 1948. We trust that all of our essayists, clinicians, table clinicians, and scientific films will give pleasure and profit to those attending.

Exhibits:

To handle exhibits a committee headed by Dr. B.J. Wall was appointed. The Mezzanine Floor and Terrace Lounge in the Bessborough Hotel is to be the site of the exhibitor's booths. All available space has been allocated, and a net revenue of more than the \$2,000. in the tentative budget has been realized.

Budget:

A tentative budget is attached to this report. If attendance is as expected, we should show a profit. This is to be divided pro-rata between the C.D.A. and the W.C.D.S.

In closing I wish to express our appreciation of the assistance that the Board of Governors, and the W.C.D.S. Executive have given your Committee in the promotion of this convention. All members of the Saskatoon Dental Society have worked hard on their various committees, and we trust that the effort of all will be seen in a most successful meeting.

PROGRAM

ESTIMATED STATEMENT OF RECEIPTS & DISBURSEMENTS

SEPTEMBER 1947 TO SEPTEMBER 1949

RECEIPTS

Convention Delegates dues @ \$25.00		\$7500.00
Advt. in Program		600.00
Exhibits Rentals		2000.00
Grants		
Thunder Bay Dental Society	\$25.00	
Saskatchewan College of Dental Surgeons	200.00	
Alberta Dental Society	200.00	
Manitoba Dental Society	200.00	625.00
Estimated Bond and Bank Interest		260.00
TOTAL ESTIMATED RECEIPTS		10,985.00

DISBURSEMENTS (Estimated)

Audit Fee	75.00
Dr. Garvin Fund	500.00
University of Alberta	200.00
Hotel, Luncheons, Banquet and Dance, and Dinner Reception	4201.00
Gratuities	250.00
Printing of Program & Tickets	300.00
Badges and Ribbons	180.00
Postage & Bank Charges	75.00
Multigraphing & Stenography	200.00
Rubber stamps (Supply Houses)	80.00
Flowers	50.00
Clinicians, Essayists, Honoraria & Exps.	1450.00
W C D S Exec. Trav. Exps. & Luncheon	330.00
Stationery	32.00
Publicity, mailing, etc.	150.00
Gifts to Table Clinicians	50.00
Treasurers Bond (pd to Dec. 31st, 1949)	44.00
Signs	36.00
Projectors & Operators	250.00
Grant to Dental Nurses	300.00
Ladies Committee Expenses	600.00
Golf Expenses	150.00
Unforseen Expenses	500.00

TOTAL ESTIMATED EXPENDITURES

10,003.00

NOTE. Registration is based on 300 paying registrants.

Luncheon and Monday Dinner Estimated at 320 to take care of free list

NOTE Breakdown of hotel and entertainment on attached sheet.

A. SINGER,
Treasurer.

HOTEL AND ENTERTAINMENT ESTIMATES:Reception Sunday Evening June 5th

150 plates at \$1.50 per plate	\$225.00	
Musical Entertainment	55.00	\$ 280.00
960 LUNCHEONS (Mon., Tues., & Wed.) @\$2.00		1920.00

Monday Dinner, June 6th

320 plates at \$2.00 per plate		640.00
--------------------------------	--	--------

Banquet & Dance, Tues. June 7th

500 at \$2.50 per plate	1250.00	
Orchestra	70.00	
Printing Menus & Place Cards	21.00	
Entertainment	20.00	1361.00

TOTAL \$4201.00

A. SINGER,
Treasurer.

COMMENT

Site of Meeting

The C.D.A. rejoices in the opportunity to hold its annual convention with the W.C.D.S., in this area of wide open spaces and the full breadbasket.

The ideal hotel accommodation is conducive to a meeting of a high order.

Scientific Program

Only those who have had a part in the preparation of such a program know the amount of labor and thought which lies behind such an effort. We highly commend the Program Committee on their excellent choice of essayists and clinicians.

Exhibits

The sale of exhibit space has been a very successful venture. This shows great initiative and good management on the part of the Committee.

Budget

The budget seems fair to both organizations concerned. It appears to cover the field and anticipates a surplus.

The committee approves of the formal name of this Convention

It is recommended that the C.D.A. Executive be encouraged to give considerable help in the preparation of the Program. The local group in some cases might be inexperienced in the organization of large conventions.

The committee recommends the adoption of the original report.

APPROVED BY THE BOARD.

XX

THAT a strong and active committee of at least five members be appointed forthwith to implement the

RESEARCH

RESEARCH COMMITTEE: W.G. McINTOSH, CHAIRMAN, TORONTO, ONT.; R.G. ELLIS, TORONTO, ONT.; J. STANLEY BAGNALL, HALIFAX, N.S.; J.H. JOHNSON, TORONTO, ONT.; G.H.W. LUCAS, TORONTO, ONT.; H.R. MacLEAN, EDMONTON, ALTA.; A.G. RACEY, MONTREAL, QUE.; J.J. RAE, TORONTO, ONT.; HAROLD CLINE, VANCOUVER, B.C.; G. de MONTIGNY, MONTREAL, QUE.; C.H.M. WILLIAMS, TORONTO, ONT.; F.C. HUSBAND, TORONTO, ONT.; R.J. GODFREY, TORONTO, ONT.

REPORT

1. Objective

The main objective of the Research Committee, again this year, has been to promote dental research in Canada by offering encouragement and financial aid to suitable students or graduates who are interested in receiving further training in dental research procedures and the fundamental sciences.

2. Publicity

Notices of the regulations governing the award of "studentships" have appeared periodically in the Journal; the Deans of the Dental Schools have been contacted by letter and asked to place this information before their respective staff and student bodies.

3. Change in Personnel

Since the submission of its last report, the Committee regrets the loss of Dr. G. Stibbs of Vancouver who has taken up new duties in Seattle.

Dr. Harold Cline of Vancouver has been appointed to fill this vacancy and is welcomed to the Committee.

4. Present Activities of 1947 - 48 Studentship Grantees

The two students who received studentship grants for the 1947 - 48 term are both continuing their research activities.

Dr. J. R. Fletcher of Toronto is still working on "Applied Physics of Colloidal and Other Dental Materials" at the University of Toronto.

Dr. J. B. Macdonald of Toronto received his Master's Degree in Dentistry from the University of Illinois (1948) and is this year studying advanced Oral Bacteriology under Dr. Rosebury at Columbia University with the help of an additional studentship grant. Dr. Macdonald intends returning to Toronto in September 1949.

5. Toothbrush Approval

In October 1948, the Committee received a request to approve a new type of toothbrush submitted by Dr. W. Mason, Richmond Hill, Ontario. The Committee was of the opinion that it was not set up to test and approve products, and therefore was unable to grant Dr. Mason's request.

6. Dental Proprietary Products

In November a request was received from the Dental Services Committee, through the Secretary of the C.D.A., asking this Committee to accept the responsibility of considering for approval dental proprietary products not listed in the A.D.A.'s Accepted Dental Remedies, when request for such information is received from a government agency. The Committee agreed

RESEARCH

to cooperate with the Dental Division of the Department of National Health and Welfare in the matter of providing consultation service in connection with dental proprietary preparations. It did, however, point out that without laboratory and other facilities for making scientific tests, remarks concerning any preparation could only be in the nature of an opinion and must not be construed as fact based on experiment.

Up to the present time no proprietary preparations have been submitted to the Committee for consideration.

7. Purchase of Special Equipment

In order to establish a principle with regard to requests for funds to buy equipment, the Committee passed the following motion:

"Only under exceptional circumstances will funds be granted for the purchase of special equipment such as might ordinarily be expected to be found in a department where the applicant proposes to study or conduct an investigation; and where equipment is purchased it becomes the property of the Committee."

8. Studentship Applications 1948 - 49

During the past year five applications for Studentship funds were received and four grants were made totalling \$2,269.00.

Dr. J B. Macdonald, Toronto 1942, married with 2 children, having completed a successful year with Dr. Isaac Schour at the University of Illinois in the department of Oral Medicine, applied for a second Studentship grant to enable him to spend a year with Dr. Theodor Rosebury in the department of Bacteriology at Columbia University where he is doing basic research in fusospirochetosis leading to a Ph.D. degree. To supplement a Kellogg Foundation Fellowship of \$155.00 per month, the Committee awarded Dr. Macdonald an additional \$100.00 a month for a twelve month period. Dr. Macdonald's application was for \$200.00 a month.

Dr. Gordon Nikiforuk, Toronto 1947, age 25, who is this year studying Histology, Biochemistry, and Pedodontics at the University of Illinois was granted \$300.00 to help defray expenses for fees, books, and consumable supplies. Dr. Nikiforuk is receiving an University of Illinois Fellowship for \$1,800.00. He plans on further study before returning to Toronto and the Faculty of Dentistry, University of Toronto.

Dr. R. D. Coleman, Toronto 1946, age 27, is attending the University of California, where he is studying Research Procedures under Dr. Herman Becks in the department of Oral Medicine. Dr. Coleman has been awarded a Hooper Foundation Fellowship of \$199.00 per month and this year the Committee granted him \$500.00 to offset the high cost of living in California.

Dr. Roland Gendron, University of Montreal 1946, age 28, is doing post-graduate study in Research Procedures and Periodontia under Dr. Miller at New York University Dental School on a Kellogg Foundation Fellowship. He made application for \$269.00 to purchase special photographic equipment. The Committee was pleased to grant funds for the purchase of this equipment but specified that it was to be returned to the Committee when Dr. Gendron completed his year of post-graduate study. Dr. Gendron expects to return to Montreal and to the periodontal staff at the University of Montreal.

Dr. D. G. Watt, An application for Studentship grant was also received from Dr. D. G. Watt, Otago University, N.Z. 1943, and Toronto 1948. Dr. Watt planned an animal experiment to study the effect of hard and soft diets on the supporting structures of the teeth, to be done in the department of Periodontia, University of Toronto. As there was some question as to how long Dr. Watt intended remaining in Canada, the Committee could not approve his application but referred him to the Dental Associate Committee, National Research Council, from which he subsequently received financial assistance.

The Committee is please to have had an opportunity to assist men of such calibre as those mentioned above. The four to whom grants were made are all expected to return to Canadian Universities where they will have excellent opportunities to influence other students and to contribute widely to dental research in Canada.

9. Financial Statement

At the present time the Committee has approximately \$5,716.03 in a trust fund. From the experience of the last two years it appears likely that more applications for "studentships" will be received each year. The present trend toward prevention in dentistry demands new developments in the basic sciences and basic dental research. If the C.D.A. is going to fulfil its obligation in this direction, it should support as many worthy applicants as the limits of its financial position will allow.

This year the Research Committee gratefully received the last \$1000.00 of a \$5,000.00 grant from the Dominion Dental Council. It is hoped that the Council will see fit to have the grant continued.

In the interests of more and continued dental research in Canada for the coming year, the Committee asks financial assistance from the C.D.A. to the amount of \$2,500.00.

COMMENT

1. We note the preponderance of applicants from one dental school and are of the opinion that an effort should be made to encourage applicants from all Canadian dental schools.
2. We are of the opinion that the funds entrusted to the Committee have been wisely expended.
3. We commend the Committee upon their objective of training research personnel.
4. We endorse the Committee's request for additional financial assistance for the coming year.
5. We recommend the adoption of the original report without amendment.

APPROVED BY THE BOARD.

[illegible]

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Due to the recent and unfortunate death of Dr. Fred Conboy, the

NECROLOGY

NECROLOGY COMMITTEE: DON W. GULLETT, CHAIRMAN, TORONTO, ONT.; R.L. PALLAN, VANCOUVER, B.C.; R.A. ROONEY, EDMONTON, ALTA.; L.J.D. FASKEN, REGINA, SASK.; J.F. MORRISON, WINNIPEG, MAN.; DENIS FOREST, MONTREAL, QUE.; S.K. WETMORE, SAINT JOHN, N.B.; G.M. DEWIS, HALIFAX, N.S.; HEATH MCINTYRE, CHARLOTTETOWN, P.E.I.

REPORT

Your Committee reports with regret the loss of the following members since the last meeting:

Ackland, Stuart Campbell
Allan, R. E.

Mount Bridges, Ont.
North Battleford, Sask.

Beattie, George Albert
Béland, Joseph
Bower, Ira

Ottawa, Ont.
Montreal, Que.
Ottawa, Ont.

Conboy, Frederick Joseph

Toronto, Ont.

Danais, A.
Deagle, M. A.
Delaney, E. W.
Dixon, W. V.

Ste. Anne des Monts, Gaspé, Que.
Winnipeg, Man.
Quebec City, Que.
Calgary, Alta.

Ennis, E. P.

Bedford, N.S.

Fallis, Marvin Arnold
Finigan, L. M.

Toronto, Ont.
Shelburne, N.S.

Garard, William
Gerry, J. B.
Gillies, W. J.
Gilroy, Wilbert Harold

Toronto, Ont.
Kamloops, B. C.
Saskatoon, Sask.
Mount Forest, Ont.

Harding, C. A.
Healey, Peter John
Hill, William John

Invermere, B.C.
Toronto, Ont.
Toronto, Ont.

Irwin, John H.

Collingwood, Ont.

Johnson, A. L.

Vancouver, B.C.

Kemp, J. B.
Kent, G. H.
Keown, L. D.
Kerr, Andrew Clinton
King, John Amassa

Halifax, N. S.
Montreal, Que.
Melfort, Sask.
Sault Ste. Marie, Ont.
Delhi, Ont.

Lantier, A. A.
Larose, E.
Lesage, L. C.
Loftus, William Joseph

Quebec City, Que.
Montreal, Que.
Montreal, Que.
St. Catharines, Ont.

NECROLOGY

McCartney, Cyril Fallis
 McPherson, Jas.
 McPherson, Kenneth Marvin
 Michaud, J. H.
 Mitchell, J. H.

Pelletier, Georges

Raver, C. A.
 Ritchie, S. G.

Scott, John Harold
 Sharron, William Alexander
 Spencer, W. R.

Taylor, Charles Berkley
 Therrien, A.
 Thompson, J. L.

Toronto, Ont.
 Edmonton, Alta.
 Toronto, Ont.
 Sherbrooke, Que.
 Saskatoon, Sask.

Couvent de la Province, L'Assomption,
 Que.

Edmonton, Alta.
 Halifax, N.S.

Orillia, Ont.
 St. Thomas, Ont.
 Vancouver, B.C.

St. Thomas, Ont.
 Shawinigan Falls, St. Maurice, Que.
 Victoria, B.C.

NOMINATING

NOMINATING COMMITTEE: GEORGE L. CAMERON, CHAIRMAN, OTTAWA, ONT.; ERNEST CHARRON, MONTREAL, QUE.; G. HAROLD CAMPBELL, ORANGEVILLE, ONT.; V.D. CROWE, TRURO, N.S.; HAROLD CLINE, VANCOUVER, B.C.

REPORT

Your Nominating Committee begs leave to submit the following names, as Officers, Committee Chairmen and Committee Members for the ensuing term:

Officers

President	-- Dr. G. Vernon Fisk, Toronto
Vice President	-- Dr. R. P. Lowery, Toronto
Secretary-Treasurer	-- Dr. Don W. Gullett, Toronto

Executive Committee

Chairman	-- Dr. G. Vernon Fisk, Toronto
	Dr. H. J. Merkeley, Winnipeg
	Dr. R. P. Lowery, Toronto
	Dr. Don W. Gullett, Toronto
	Dr. G. Ratté, Quebec City
	Dr. H. M. Cline, Vancouver, B.C.

Standing Committees

Legislation

Chairman	-- Dr. C.W. Sheridan, Ottawa
	Dr. James Coupland, Ottawa
	Dr. L. E. MacLachlan, Ottawa
	(and Provincial Registrars)

Finance

Chairman	-- Dr. J. K. Carver, Montreal
	Dr. A.J. Coughlan, Saint John
	Dr. S.J. Phillips, Oshawa
	Dr. W.M. Blair, Regina
	Dr. G. Patte, Quebec City

Publications

Chairman	-- Dr. P.G. Anderson, Toronto
	Dr. R.P. Lowery, Toronto
	Dr. G. Ratté, Quebec City
	Dr. E.C. Aho, Toronto
	Dr. F.T. Pearson, Toronto
	Dr. F. Martin, Toronto
	(Editors and Provincial Correspondents in an Advisory Capacity)

Council on Dental Education

Chairman	-- Dr. W. Scott Hamilton, Edmonton
	(1 yr.)
	Dr. J.S. Bagnall, Halifax (2 yrs.)
	Dr. E. Charron, Montreal (3 yrs.)
	Dr. Harvey W. Reid, Toronto
	(2 yrs.)
	Dr. A.L. Walsh, Montreal (3 yrs.)
	Dr. R.L. Pallen, Vancouver (1 yr)

NOMINATING

Dental Public Health

Chairman -- Dr. Harold A. Swales, Toronto
 Dr. Glen Mitton, Toronto
 Dr. R. R. Butler, Toronto
 Dr. S.A. MacGregor, Toronto
 (Also Chairmen of Provincial Committees)

Public Relations

Chairman -- Dr. Harry S. Thomson, Toronto
 Dr. Thos. Cowling, Toronto
 Dr. Jesse Fullerton, Toronto

Programme

Chairman -- Dr. C.H.M. Williams, Toronto

Ethics

Chairman -- Dr. J.D. McLean, Edmonton
 Dr. O.L. Oatway, Red Deer
 Dr. S.C. Hodgson, Edmonton
 Dr. J.P. Whyte, Swift Current
 Dr. H.N.B. Beach, Ottawa

By-Laws

Chairman -- Dr. J.S. Bagnall, Halifax
 Dr. G.L. Cameron, Ottawa
 Dr. S.A. Moore, London
 Dr. John Clay, Calgary

Necrology

Chairman -- Dr. Don W. Gullett, Toronto
 And Provincial Registrars

Research

Chairman -- Dr. W.G. McIntosh, Toronto
 Dr. R.G. Ellis, Toronto
 Dr. J.P. McGuigan, Halifax
 Dr. J.H. Johnson, Toronto
 Dr. G.H.W. Lucas, Toronto
 Dr. H.R. MacLean, Edmonton
 Dr. A.G. Racey, Montreal
 Dr. J.J. Rae, Toronto
 Dr. R.H. McDougall, Victoria
 Dr. G. de Montigny, Montreal
 Dr. C.H.M. Williams, Toronto
 Dr. F.C. Husband, Toronto
 Dr. R.J. Godfrey, Toronto

Special Committees

Nomenclature

Chairman -- Dr. J.H. Johnson, Toronto
 Dr. W.G. Trelford, Toronto
 Dr. G.H.W. Lucas, Toronto
 Dr. Chas. Aho, Toronto
 Dr. W.J. Dunn, Toronto
 Dr. R.E.H. Priestly, Toronto
 Mr. R.J. Getty, M.A., Toronto
 Ex-officio (Dr. M.H. Garvin, Winnipeg
 (Dr. G. de Montigny, Montreal

International Relations

Chairman -- Dr. E. Charron, Montreal
 Dr. J.A. Fortier, Montreal
 Dr. H.J. Merkeley, Winnipeg
 Dr. J.W. Abraham, Montreal

Dental Services

Chairman -- Dr. D.S. Coons, Hamilton
 Dr. J.K. Carver, Montreal
 Dr. G.L. Cameron, Ottawa
 Dr. C.W. Sheridan, Ottawa
 Dr. L.V. Janes, Hamilton
 Ex-officio (Col. E.M. Wansbrough, Ottawa
 (Dr. H.K. Brown, Ottawa
 (Dr. L.A. Kilburn, Ottawa

Advisory

Chairman -- Dr. J.A. Bothwell, Toronto
 Dr. G.V. Morton, Toronto
 Dr. P.G. Anderson, Toronto
 Dr. R.L. Twible, Toronto
 Dr. E.C. Veitch, Toronto
 Dr. R.J. Godfrey, Toronto

Health Insurance

Chairman -- Dr. Harvey W. Reid, Toronto
 Dr. C.A.E. McCabe, Valleyfield
 Dr. H.A. Swales, Toronto
 Dr. T.R. Marshall, Toronto
 Dr. L.V. Janes, Hamilton
 Dr. G. Ratté, Quebec City
 also
 Chairmen of Provincial Health
 Insurance Committees

Auxiliary Services

Chairman -- Dr. R.A. Rooney, Edmonton
 Dr. H.R. MacLean, Edmonton
 Dr. A.M. Revell, Edmonton
 also
 Chairmen of all Provincial
 Legislation Committees.

Industrial Dentistry

Chairman -- Dr. C.A.E. McCabe, Valleyfield
 Dr. R.A. Wheatley, Montreal
 Dr. Ray Carson, Montreal

Specialists & Specialization - Chairman -- Dr. Arnold Mitchell, Montreal
 Dr. A.G. Racey, Montreal
 Dr. R.E. McMahon, Montreal
 Dr. Gordon Kelley, Montreal

War Memorial Award

Chairman -- Dr. Gerald Franklin, Montreal
 Dr. W.F. Walford, Montreal
 Dr. Paul Geoffrion, Montreal
 Dr. A.M. Hord, Toronto
 Dr. M.H. Garvin, Winnipeg

Hospital Dental Services

Chairman -- Dr. D.M. Tanner, Toronto
 Dr. W.S. Madill, Toronto
 Dr. E.C. Veitch, Toronto
 Dr. Hamilton Simmons, Vancouver
 Dr. T.I. Guilbord, Montreal
 Dr. G.A. Buchanan, Winnipeg
 Dr. J.M. Chamard, Montreal
 Dr. John Clay, Calgary
 Dr. Gerard de Montigny, Montreal

Honorary Membership

-- Dr. L. J. D. Fasken,
 Regina, Saskatchewan.

NOMINATING

ACTION

After discussion, the report of the Nominating Committee was adopted. Afterwhich and in accordance with Clause IV of the Administrative By-Laws, the President, Vice-President, Secretary-Treasurer and two members of the Executive Committee were voted upon by separate ballot.

Motion: That the following members comprise the Nominating Committee for the ensuing year:

George L. Cameron, Chairman
H. M. Cline
V. D. Crowe
E. Charron
S. J. Phillips.

APPROVED BY THE BOARD.

XXX

42. I will finally show that the social trend was neither

HEALTH INSURANCE

- (1) That Dr. Don W. Gullett be heartily congratulated on the thoroughness of his report on Dental Services under the N.H.S.A. of Great Britain and more specially for having expressed his personal opinion based on the impressions he gathered locally during his trip overseas.
 - (2) Though it is the desire of this Committee to do its utmost to plan for the improvement of the dental health of the Canadian people, it is our duty to state that in our studied opinion, the implementation of a plan similar to the National Health Service Act of Great Britain by the Government of Canada would ultimately prove to be a regression rather than an advancement in the dental health standards of the people of Canada.
- (II) The Progress of Federal Health Measures in Canada was reviewed and the Committee sent messages to each of the Provincial Boards urging immediate action to secure representation on the Health Planning Committee of their Province.
- (III) Sub committees were appointed to study and report as next meeting on:
- (a) Outline of C D A. Plan for Dental Health Services for use of Provincial Committees.
 - (b) Methods of payment by Government for Dental Services.
 - (c) Prepayment Plan for Dental Treatment Services.

Meeting of April 30th

Reports of sub-committees were presented and disposition of same made as follows:

- | | | |
|--|---------------|----------|
| (a) Outline of C D A. Plan | (Appendix A) | Adopted. |
| (b) Methods or bases of payment by Government for Health Services. | (Appendix B.) | Adopted. |
| (c) Prepayment Plan | | |

Dr. McCabe presented a comprehensive report on the whole subject with Plans for organization, regulation, financing, cost figures, etc. Recognizing the intensive study and effort that had been necessary in producing this report and aware of the many ramifications of such a plan the committee passed the following resolution.

- (1) That the pre payment and post payment plan submitted by Dr. McCabe be tabled, and that in the meantime all available material be collected by the Secretary, for study, and that a sub committee be appointed by the Health Insurance chairman to study this material and report.

Copies of this report have not been appended.

- - Agreed.

The Committee feels it is highly desirable to have in readiness a plan for pre payment and post payment of dental services. This plan could be offered as a corollary to a government sponsored plan for limited age groups. It was felt that for young persons reaching the age for termination of

HEALTH INSURANCE

government sponsored service and with no accumulated dental needs, a highly attractive yearly rate for a basic maintenance service could be arranged.

The Committee are unanimous in voicing the opinion that the C.D.A. should have available for distribution, on request, a brochure or pamphlet setting out in plain language what the Association believes to be the proper approach to the Dental Health problem. Your guidance as to the desirability of carrying out this project is requested and if the suggestion is favourably received, consideration should be given in the budget.

The Secretary of the Association has sent to all Members of the Committee copies of the Ewing Report, A.D.A. supplement and other material pertaining to the subject of Health Insurance. Grateful acknowledgement is made for these releases.

Your Committee is keenly aware of the poignant nature of the subject entrusted to it for study. All parties at the forth coming election are pledged to enact, if elected, some form of Health Legislation. Too many of our Profession refuse to be interested and scoff at the idea of any imminence to such legislation. Every opportunity should be taken by those present to acquaint their fellow members of the true situation and the plan proposed by this Association. We respectfully refer you to the last excerpt quoted from the Secretary's report on the National Health Act of Great Britain

APPENDIX A.

PLAN FOR DENTAL HEALTH SERVICE

General Statement

The dental profession in the Province of _____ through their representatives, namely The Council of The College of Dental Surgeons of _____ desire to state that in their opinion the following fundamentals must obtain if a dental health program is to be successful:

1. That the administrative personnel must have the confidence of the public and the profession
2. That in order to obtain such personnel, adequate recompense must be provided with commitments for the future.
3. That a definite division must be made between dental public health which is a government responsibility, and dental treatment services which are the responsibility of the profession.
4. That the rendering of dental treatment services must remain under the control of the profession.
5. That the general practitioner in dentistry must be supported on an adequate economic basis in order to direct his treatment services toward the control (prevention) of dental diseases.
6. That scope should be arranged in the organization of the services for the active cooperation of representatives of the profession in the formation and future development of the plan.

All of which means a revision in the objective of dental practice which has been deterred in the past by economic considerations. Adequate financial support and full cooperation of the dental profession are both necessary for the success of the program. The responsibility for the former rests upon the

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individual, the family and the government and implementation of the latter rests with organized dentistry. In our considered opinion the following proposal is the best possible approach toward the control of dental diseases, and further, if adopted, would constitute the most advanced plan known in dealing with the most widely spread of all diseases known to mankind today.

The adoption of a plan directed toward prevention is the best means of approach for the improvement of the dental health of the nation. The cost of the plan and best use of personnel are both factors which demand careful consideration. Dental Health Education, through continuous survey and every available avenue of approach, as can be rendered only by properly qualified dental personnel, has been proven to be the best insurance of controlling dental diseases and the most economical method.

Provincial Health Commission

Hospitals Nursing Medicine Dentistry

Director of Dental
Health Services

- (Qualifications
1. Legally qualified member of Dental profession in good standing
 2. Possessor of Diploma in Dental Public Health.
- (Duties
1. To direct and supervise dental public health program
 2. To direct and supervise dental services in institutions controlled and supervised by the provincial government
 3. To cooperate with the representatives of the dental profession.
 4. To make reports as required.

D.H.O. D.H.O. D.H.O. D.H.O. . . . etc.
Area #1 Area #2 Area #3 Area #4 Area #5

- (Qualifications
1. Legally qualified dentist in good standing
 2. Possessor of Diploma in Dental Public Health
- (Duties
1. Leadership - public and profession
 2. Clinical examination (preferably twice a year) of all pre-school and primary school children in area (or up to highest possible age)
 3. Education
 - (a) Pre-natal and post-natal
 - (b) Pre-school
 - (c) Primary - secondary
 - (d) Parents
 4. Records
 5. Cooperation with teachers, nurses, dentists, physicians & other public health personnel.

D.H.O. -- Dental Health Officer for
each health area

HEALTH INSURANCE

Treatment Services

The dental treatment services are to be rendered by the private practitioner in his private office, except where not feasible. In isolated areas other means are necessary but such measures have been found to be expensive both as to cost and time lost by operator. (The dentist's time is more valuable than the patient's and he should not spend time as a chauffeur, setting up equipment, etc.)

Basis of Payment

The basis of payment for the general practitioner is upon a fee schedule as agreed upon with the Dental Council (Board).

The Dental Health Officer is paid upon a salary basis for full time.

Personnel

Satisfactory appointment of qualified personnel is vital to the success of the Plan.

The Director of Dental Services should possess executive ability, experience in general practice, a recognized knowledge of the science of dentistry and a diploma in dental public health or equivalent degree.

The Dental Health Officer should possess ability to organize, experience in general practice and a diploma in dental public health or equivalent degree.

All personnel should be adequately recompensed in order to secure the desired type of individual.

The Dental Health Officer's efforts should be directed entirely to public health education and administration. Experience has shown that if the D.H.O. performs any treatment services the working of the plan is ruined.

Working of the Plan

The age limit of the patients is first selected in harmony with the number of children and number of personnel in the area. It is preferable to establish a low age limit, initially, from the standpoint of both efficiency and cost.

Example:-

- | | |
|-------------------------|---|
| Initial age established | -- 7 years. |
| 1st year of operation | -- pre-school and primary school children of 7 years and under. |
| 2nd year of operation | - children age 7 in 1st year now become age 8 for whom initial care has been provided and only maintenance care is necessary. Consequently, if the plan has functioned thoroughly in its first year it is probable that the 9 year old group can be included. |
| 3rd year of operation | - advancement of age group will depend upon an assessment of the actual records. |

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The objective is to develop a generation with healthy mouths which can be accomplished only by thoroughness and consequently emphasis is laid upon the youngest age group and complete coverage.

Conclusion

Eventually the more expensive phases of dental health service will be avoided as the plan advances with an age group under control. The aim is more altruistic, less costly and more attainable in the end than other arrangements which might be considered.

APPENDIX B.

NOTES ON BASES OF PAYMENT

Per Capita Basis

Definition: A plan whereby the practitioner receives a definite stated amount per annum for each patient for whom he agrees to render services during a stated period.

- Pro:
1. A good method from the accounting standpoint.
 2. Encourages practice of prevention - e.g. patient education, application of research findings, and early interception of dental diseases.
 3. Outside of full time salary most favoured by government.
 4. Dentist retains independence.
 5. Encourages family type of practice.
 6. Less red tape for dentist.
- Con:
1. Difficult to work out for dental services.
 2. Must limit number of patients or leads to slipshod services.
 3. Difficulty of overtaking backlog.

Comment: The per capita basis has been the method most often arrived at for payment for medical services and was the one adopted by the medical profession in Great Britain. The dental profession favoured the same arrangement at first but later discarded it because they could not work it out and would not agree to its adoption unless the government agreed to first place the patient's mouth in a condition of dental fitness. It is considered the safest basis by professional bodies in order to avoid eventual conversion of other forms of payment to a full time salary basis. In an adopted system which includes all ages, great difficulty is experienced in working out a per capita system of payment for dental services but when the scheme is based upon prevention and limited in the first instance to the younger ages there would appear to be possibilities.

Two systems of administration of the per capita arrangement are in use. First the government pays the practitioner directly, and secondly the government pays the representative professional organization the total sum and the professional body then pays the practitioner upon a fee schedule or other basis of payment as decided upon. Of course in the latter arrangement the representatives of the profession take the chance of having to make payment on a pro rata basis.

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Fee Schedule Basis

Definition: The State pays the practitioner for services rendered upon a fixed fee schedule.

- Pro:
1. Practitioner receives payment in relationship to the amount of service he renders.
 2. Practitioner retains some measure of independence in proportion to the amount of control which may be otherwise exercised in the administration of the scheme.
 3. Inducement for efficient office organization.
 4. Recognized basis of payment for services.

- Con:
1. A fixed schedule means the same payment for the same service to all practitioners, good, bad, and indifferent.
 2. Destroys initiative of practitioner to render a better service.
 3. Difficult for administration to estimate cost.
 4. Tendency develops toward quantity rather than quality service.
 5. Large administrative staff necessary.
 6. Patient's appreciation of service diminished through lack of direct payment.
 7. Excessive red tape curtails productive hours.

Comment: The fee schedule basis of payment has been favoured by practitioners. The adoption of the fee schedule means little change in the method of payment currently used in private practice except that it is fixed and the payee is not the patient. Governments tend to avoid its adoption because of the difficulties in administration, estimating the cost and controlling the service. Furthermore, if adopted by governments as a temporary measure as in the British Plan, early steps are taken to force another method which is usually the salary solution.

Full-Time Salary Basis

Definition: Self-explanatory.

- Pro:
1. Governments find full-time a very satisfactory method from the budgetary standpoint in that estimates can be determined with more or less accuracy.
 2. Classifications in the system established are more easily determined and this is a point of importance in civil service arrangements. (Comparative classifications may be arranged with established ranges in other departments.)
 3. Stabilized income for members of profession in accordance with classification.
 4. Pension plan more easily established.
 5. Time is not a factor in rendering the type of service necessary.

- Con:
1. Strong tendency to destroy the recognized patient-dentist relationship.
 2. Loss of a great deal of the independence of the professional member is certain.
 3. Civil Servant status is established.
 4. A salaried employee naturally does what his employer wants.
 5. Loss of initiative.

Comment: If a dentist is paid by salary from the government, he will be tempted to think of what the government wants, which may not be what the individual patient wants or needs. The patient will not have the certainty that his dentist is thinking only of him and his needs, and in the event of a dispute it is the paymaster who has the last word.

Since all dentists, under a salary arrangement, would be paid according to a uniform scale, every dentist - good, bad, active, lazy, popular, unpopular - would have to get the same money and therefore, more or less, the same number of patients. While the scheme may state that freedom exists, distribution of patients in order to even up the work, in view of uniform payment, is almost a sure result, and is a situation which does not tend to build up confidence. The confidence and loyalty of patients is the greatest incentive to members of the health profession to render the best service.

Full-time salary places the dentist under complete control of the State and very frequently diminishes any real inducement to become a better dentist.

Inevitably the best salaries go to dentists who are first and foremost administrators and not practitioners.

The patient will have lost a friend and found an official under the salary arrangement.

Grant-In-Aid or Supplementary Basis

Definition: A basic fee is paid by the State. The practitioner is allowed to charge his usual fee - the patient pays the difference between the basic and the practitioner's fee directly to the practitioner.

- Pro:**
1. The present system of practice continues as at present without undue interference.
 2. The initiative of the practitioner to render improved services is retained.
 3. Patient's appreciation is enhanced through paying part of the fee.
 4. Retains free enterprise - valuable to both patient and dentist e.g., allows patient freedom to choose type of service.
 5. Basic service would be available to all

- Con:**
1. The system is said to be subject to abuses.
 2. Tendency to make services offered by government appear insignificant
 3. Basic services have limitations

Comment: According to reports from countries where this system is in use the arrangement has not proven to be very satisfactory from the standpoint of the administrators. It supplies numerous loopholes for those who choose to be dishonest both among patients and practitioners. The British Dental Association determined upon this system but the government refused to consider it for the reasons stated.

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Points or Unitary Basis

Definition: A point or unit value is adopted which may not represent any one particular service and then each service rendered by the practitioner is given an assessed value of a certain number of points.

Pro: 1. Once a fair relative value of the points has been arrived at, services are rendered on a points value instead of in terms of money.
2. Same as for fee schedule basis.

Con. 1. Same as for fee schedule.

Comment: The points or unitary system is in use in some countries. The arguments are on the value of the points and the relative value of the services rendered, rather than actual money. (e.g. Prophylaxis -- 3 points, Examination -- 1 point etc.) Otherwise the system is similar to the fee schedule basis.

SUMMARY

The real difficulties in any compulsory health insurance programme are not in collecting the tax but rather in disbursing the funds. Three main methods, with some variations, are possible and each presents problems.

The fee-for-service method represents the least deviation from past practice and involves a minimum of socialization. The establishment of the fee schedule is a difficult task. Under the system records constitute a major duty, and the chances of error are so great that the government requires a large staff of auditors and clerks for checking purposes.

The government cannot assume that all members of the profession are honest and as a result checks and re checks are necessary. Inspectors and investigators, ultimately of the detective type, become a part of the arrangement. All of which means high administrative costs.

The weakness of the per capita system is that the practitioner may neglect the patient. The result is that the patient files complaint and such complaints tend to multiply as the method continues. Investigations, hearings, and decisions, with penalties, etc., become an increasing feature under this method.

The salary method reduces administration to a minimum. However, it introduces a whole gamut of problems in respect to personnel such as: selection, promotion, assignment to duties, salary, classification, hours, etc. All these matters are difficult in a democracy, and not easily handled by government in the health professional field.

Several variations and combinations of the above are possible, e.g. the Grant-in aid method. This system of payment retains for the practitioner the incentive to improve his abilities and to deliver a service of the highest quality. In addition, the patient retains the right to choose the type of service he will receive and as he pays directly part of the fee, his appreciation of the service and his cooperation will be considerably higher than under other methods of payment.

RESOLUTION

Resolution adopted as a result of study:

"~~THERE~~ IS the first duty of a provincial dental legal body is to protect the public and ensure a satisfactory dental health service, and WHEREAS the provincial dental legal body has disciplinary powers, and WHEREAS the profession has demonstrated its ability to administer a dental service, and WHEREAS in our opinion, a dental health service can be administered more efficiently and economically by the profession, THEREFORE be it resolved that this Committee recommends to the Board of Governors that in any government sponsored plan for dental health care, the method of payment be on a per capita basis from the government payable to the dental legal body of each province, who shall administer these funds to provide a basic dental health maintenance service."

COMMENT & DISCUSSION

The report gave rise to a great amount of discussion. Considerable amendment was made, particularly to Appendix A, of the original report. The report now appears on the preceding pages as amended.

In addition, comments and suggestions were made as follows:

1. Congratulation was expressed in respect to the Report on Dental Service under the National Health Service Act in Great Britain.
2. Recommendation was made that statement numbered 3 on page 75 be deleted and the following words be substituted: "That all organized Dental Health Educational Programs should precede and be continuous with dental treatment services, responsibility for which rests with the government and the dental profession". The Board did not agree to the substitution but were agreed that the suggested statement was a good one and should be included in an appropriate place. The matter was referred back to the Committee for consideration.
3. It was recommended that statement numbered 4 on page 75 be changed to read: "That the professional aspect of dental treatment ...". A note upon the change proved negative resulting in no alteration.
4. Recommendation was made that the first sentence on page 78 be changed to read: "The dental treatment services should be rendered by the private practitioner in his private office wherever feasible". After discussion the matter was referred back to the Committee for consideration with instructions to keep the statement in harmony with the adopted principle governing the subject.
5. Recommendation was made that the words in brackets at the end of paragraph 1 on page 78 be deleted. After discussion, the point was referred back to the Committee for consideration.
6. Appendix B of the report was adopted as presented with slight amendment, which now appears in amended form. The Reference Committee, which studied the report, found themselves equally divided in a vote upon

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the approval of the resolution presented on page 83. After considerable discussion before the Board the resolution was approved unanimously.

7. The Committee was requested to continue study of a pre-payment plan.
- 8 The Chairman, Dr. Harvey W. Reid, and his Committee were congratulated on their gigantic report which was considered perhaps the most important to the profession of any presented at the meeting.

APPROVED BY THE BOARD.

[illegible]

Your Advisory Committee was assigned three problems at the Murray Bay

1 A revision of the terms of reference in relation to the Public Health

- Committee and its affiliates.

2. To make recommendations with reference to additional staff at head

office.

3. To plan for new national headquarters.

Note: With reference to the terms of reference, it was unanimously

agreed that it was undesirable to make any changes in the set-up

of these committees at the present time.

- With reference to the report on personnel, the following recommendations were made:

... ..

1. That a dental graduate (bilingual) be employed as assistant secretary.

2. That an additional stenographer be employed.

ADVISORY

The Executive Committee authorized the Advisory Committee to secure an option upon a suitable property, negotiations for which are still progressing.

Capital Fund

A plan for providing a capital fund for the purchase of the property was drawn up and forwarded to the Corporate Members on April 23, 1949. (Appendix A.)

A decision by the Board of Governors assuring adequate financial support would enable the Advisory Committee to finalize this project at an early date.

APPENDIX A.

The Canadian Dental Association
L'Association Dentaire Canadienne
211 Huron St. Toronto

April 23, 1949

To Each Corporate Member

Dr.

Dear Dr.

At the last Annual Meeting of the Board of Governors the Advisory Committee was instructed to study the matter of headquarters accommodation for the Association. As is well known by all Corporate Members the Association has been housed for several years in the quarters occupied by the Royal College of Dental Surgeons of Ontario. These quarters are situated in the dental building of the University of Toronto. As a result of this arrangement the C.D.A. has had no expenditure for housing facilities.

The quarters are very limited and have become totally inadequate for the work of the Association. In addition, the University of Toronto is sadly in need of the space occupied and it is anticipated that the Association may be asked to vacate.

The Advisory Committee has given considerable study to the matter and presented a report to the meeting of the Executive early in March. After consideration, the Executive unanimously passed the following resolution:

"That the Advisory Committee take the necessary steps to insure the possibility of obtaining suitable housing accommodation for the C.D.A. Headquarters Staff and if a cash option is required that it not exceed an outlay of \$500.00."

A D V I S O R Y

This action was taken so that the Advisory Committee would be in a position to present a concrete proposal before the Board of Governors at Saskatoon. In order that the Representatives of the Corporate Members may be instructed, the details of the proposal are enclosed.

It is hoped that all Corporate Members will give serious consideration to this proposal, and inform their Representative, so that a definite decision can be reached at the Annual Meeting.

Sincerely yours,

J. A. Bothwell, D.D.S.,
Chairman, Advisory Committee.

PROPOSAL FOR C D A HOUSING ACCOMMODATION

The Advisory Committee has in mind, at the present time, one piece of property upon which is erected a building adaptable to the present needs of the C.D.A. for housing accommodation, with a frontage of vacant land to allow for future expansion.

The estimated cost of this property is as follows:

Purchase Price	\$45,000.
Alterations	17,000.
Furnishings	5,000.
	\$67,000.

In this building it is proposed to rent certain rooms to cover part of maintenance cost.

Toronto,
April 23, 1949.

PLAN FOR FINANCING CAPITAL EXPENDITURE

C.D.A. HEADQUARTERS

- (1) Each Corporate Member responsible for its quota on a per capita basis.
- (2) Each Corporate Member free to adopt its own method of payment.
- (3) If spread over a term of years responsibility for carrying charges rests with the Corporate Member.
- (4) For information, enclosed are tables of amortization in units of \$1000 with interest rate @ 5% for periods of 5, 10, 15, and 20 years respectively.
- (5) \$_____ to be available on or before July 1st, 1949, to complete initial payment upon purchase price, alterations, and furnishings.

ADVISORY

- (6) For your convenience a per capita schedule is enclosed. Your attention is directed to columns 3 & 4.

AMORTIZATION TABLES

\$1000 00 @ 5% for 5 years = \$1154 87

	Prin	Int	Paid on Account		Balance	
			Prin	Total	Prin	Total
1st yr.	1000 00	50 00	180 97	230 97	819 03	923 90
2nd yr.	819 03	40 95	190 02	230 97	629 01	692 93
3rd yr.	629 01	31 45	199 52	230 97	429 49	461 96
4th yr.	429 49	21 47	209 50	230 97	219 99	230 99
5th yr.	219 99	11 00	219 99	230 99	0	0

\$154 87 \$1000 00 \$1154 87

\$1000 00 @ 5% for 10 years = \$1295 04

1st yr.	1000 00	50 00	79 50	129 50	920 50	1165 54
2nd yr.	920 50	46 02	83 48	129 50	837 02	1036 04
3rd yr.	837 02	41 85	87 65	129 50	749 37	906 54
4th yr.	749 37	37 47	92 03	129 50	657 34	777 04
5th yr.	657 34	32 87	96 63	129 50	560 71	647 54
6th yr.	560 71	28 04	101 46	129 50	459 25	518 04
7th yr.	459 25	22 97	106 53	129 50	352 72	388 54
8th yr.	352 72	17 64	111 86	129 50	240 86	259 04
9th yr.	240 86	12 05	117 45	129 50	123 41	129 54
10th yr.	123 41	6 13	123 41	129 54	0	0

\$295 04 \$1000 00 \$1295 04

\$1000 00 @ 5% for 15 years = \$1445 14

1st yr.	1000 00	50 00	46 34	96 34	953 66	1348 80
2nd yr.	953 66	47 68	48 66	96 34	905 00	1252 46
3rd yr.	905 00	45 25	51 09	96 34	853 91	1156 12
4th yr.	853 91	42 70	53 64	96 34	800 27	1059 78
5th yr.	800 27	40 01	56 33	96 34	743 94	963 44
6th yr.	743 94	37 20	59 14	96 34	684 80	867 10
7th yr.	684 80	34 24	62 10	96 34	622 70	770 76
8th yr.	622 70	31 14	65 20	96 34	557 50	674 42
9th yr.	557 50	27 88	68 46	96 34	489 04	578 08
10th yr.	489 04	24 45	71 89	96 34	417 15	481 74
11th yr.	417 15	20 86	75 48	96 34	341 67	385 40
12th yr.	341 67	17 08	79 26	96 34	262 41	289 06
13th yr.	262 41	13 12	83 22	96 34	179 19	192 72
14th yr.	179 19	8 96	87 38	96 34	91 81	96 38
15th yr.	91 81	4 57	91 81	96 38	0	0

\$445 14 \$1000 00 \$1445 14

ADVISORY

\$1000.00 @ 5% for 20 years = \$1604.85

			Paid on Account		Balance	
	Prin	Int	Prin	Total	Prin	Total
1st yr.	1000.00	50.00	30.24	80.24	969.76	1524.61
2nd yr.	969.76	48.49	31.75	80.24	938.01	1444.37
3rd yr.	938.01	46.90	33.34	80.24	904.67	1364.13
4th yr.	904.67	45.23	35.01	80.24	869.66	1283.89
5th yr.	869.66	43.48	36.76	80.24	832.90	1203.65
6th yr.	832.90	41.65	38.59	80.24	794.31	1123.41
7th yr.	794.31	39.72	40.52	80.24	753.79	1043.17
8th yr.	753.79	37.69	42.55	80.24	711.24	962.93
9th yr.	711.24	35.56	44.68	80.24	666.56	882.69
10th yr.	666.56	33.33	46.91	80.24	619.65	802.45
11th yr.	619.65	30.98	49.26	80.24	570.39	722.21
12th yr.	570.39	28.52	51.72	80.24	518.67	641.97
13th yr.	518.67	25.93	54.31	80.24	464.36	561.73
14th yr.	464.36	23.22	57.02	80.24	407.34	481.49
15th yr.	407.34	20.37	59.87	80.24	347.47	401.25
16th yr.	347.34	17.37	62.87	80.24	284.60	321.01
17th yr.	284.60	14.23	66.01	80.24	218.59	240.77
18th yr.	218.59	10.93	69.31	80.24	149.28	160.53
19th yr.	149.28	7.46	72.78	80.24	76.50	80.29
20th yr.	76.50	3.79	76.50	80.29	0	0

\$604.85 \$1000.00 \$1604.85

BUILDING FUND

Basis of obtaining Monies

Amount per Capita	10.00	12.50	15.00	20.00	25.00
Prince Edward Island	290.00	362.50	435.00	580.00	725.00
Nova Scotia	1,780.00	2,225.00	2,670.00	3,560.00	4,450.00
New Brunswick	1,120.00	1,400.00	1,680.00	2,240.00	2,800.00
Quebec	10,000.00	12,500.00	15,000.00	20,000.00	25,000.00
Ontario	20,000.00	25,000.00	30,000.00	40,000.00	50,000.00
Manitoba	2,500.00	3,125.00	3,750.00	5,000.00	6,250.00
Saskatchewan	1,950.00	2,437.50	2,925.00	3,900.00	4,875.00
Alberta	2,690.00	3,362.50	4,035.00	5,380.00	6,725.00
British Columbia	4,740.00	5,925.00	7,110.00	9,480.00	11,850.00
TOTALS	45,070.00	56,337.50	67,000.00	90,140.00	112,675.00

Figures as to number of dentists in each province
are approximate.

A D V I S O R Y

COMMENT & RECOMMENDATIONS

- 1 The Report of the Advisory Committee deals with those problems as outlined in the first paragraph upon which no comment is necessary.
- 2 We concur in the recommendation that no changes be made in the Terms of Reference for the Dental Public Health Committee and its affiliates (Public Relations and Health Insurance).
- 3 National Headquarters:

(a) New Building

It is considered that the Association is not in the financial position to contract for the construction of a new building at present and it is decided that action on this matter be not proceeded with

(b) Re-conversion Plan

It is considered that the present financial structure of the Association will not permit contracting for this project.

It was revealed that the financial commitment suggested by the Advisory Committee for the Corporate Members was not unanimously acceptable.

For these reasons it is decided that this proposal be not proceeded with

(c) The location of our National Headquarters in some area other than the City of Toronto was discussed but it was the unanimous opinion that for the time being at least the Association Headquarters should remain in Toronto.

(d) We recommend that suitable larger office accommodation be contracted for on a rental basis as soon as possible.

4. Personnel

We recommend that the Executive be empowered to provide such new personnel as may be required for the proper conduct of the business of the Association upon the recommendation of the Secretary.

The subject of remuneration of the present staff members has been noted but it is felt that no recommendation is necessary as this is a matter of internal administration.

5 We are seized with the fact that the growth of the Association bears a direct relation to the contribution of committee personnel in every area. However it is felt that a material benefit would accrue to the Association from more frequent meetings of the Executive Committee. It is recommended, therefore, that the Executive Committee meet more often than once a year and that in their deliberations ample time be provided to permit of a careful study of the Association's objectives, Financial Structure, and Committee Organization.

6 We wish to compliment the Advisory Committee for its exhaustive study and report with particular reference to the question of our National Headquarters.

APPROVED BY THE BOARD.

[illegible]

The subjects under review during the year will be dealt with hereunder

(a) Royal Canadian Dental Corps

It was reported that conditions for dental treatment services in the

The Director General of Dental Services expressed the opinion that a

It is gratifying to note that promotion to full Colonel has been obtained

(b) Department of Veterans Affairs

The recently appointed Director of Dental Services for D.V.A. was in

Dr. Kilburn reported that the bulk of dental treatment which could be

Dr. Kilburn reported that the bulk of dental treatment which could be rendered by private practitioners is practically through except in remote

DENTAL SERVICES

areas. Most of the treatment is now being handled by personnel of the Department. At the time of his report the total professional personnel employed by D.V.A. was 52.

It was also stated that the Department of Justice had approached D.V.A. to take over dental treatment services for the R.C.M.P. This was formerly done by contract with private practitioners.

(c) Defense Dental Association

The annual meeting of this group was held in Montreal, October 29 and 30, 1948. The agenda included a request for the discussion of some R.C.D.C. problems of a technical nature, such as staff courses for dental officers, promotions, etc. These were dealt with satisfactorily and submissions were made to the Department of National Defense.

It should be noted here that the Defense Dental Association is, to a large extent, financed by the Government to perform the functions of an advisory body of ex-Dental Corps Officers. The approach to the Department is therefore at the ministerial level rather than through the military channels. This is a decided advantage.

The Association also submitted a brief to the Minister of National Defense urging the formation of a Dental Procurement and Assignment Board to function in time of an emergency. During the last war, dental requirements were directed by the Medical Assignment and Procurement Board. True, dentals had a representative on the latter board, and the C.D.A. in conjunction with the provincial boards did the field work. The conditions could be vastly improved, however, by permitting those most concerned, to handle their own problems. The submission was favourably received and plans are now under way, it is understood, to give effect to the proposals in an overall board which is to be expanded by professions and specialized groups during war time. It is expected that the plan will make provision for dentistry to be represented by the Defense Dental Association, linking the C.D.A. and affiliated groups with the Department of National Defense.

(d) Proprietary and Patent Medicines Act

The 1948 meeting of the Board of Governors of the C.D.A. directed that this Committee act in an advisory capacity to the Department of National Health and Welfare, Dental Division, on matters involving therapeutics and that the terms of reference for the Committee be amended accordingly.

The Committee has given direction to secure an amendment to the terms of reference to cover activity respecting dental proprietary remedies.

In addition it was decided:

- (1) That a list of accepted and unaccepted dental remedies, as authorized by the American Dental Association be officially adopted for the purposes of approving or disapproving proprietary dental products.
- (2) That the Secretary be requested to ask the C.D.A. Research Committee to accept the responsibility of considering for approval or otherwise those dental proprietary products not listed in the A.D.A. Accepted Dental Remedies, when a request for such information is received from a government or other agency.

(e) Department of National Health & Welfare

Following the direction of the Board of Governors of the C.D.A. at the 1948 meeting a submission by deputation was made to the Minister of the above named Department, The Hon. Paul Martin.

This Committee decided that the presentation would be made on the following basis of general terms:

- (1) To work out ways and means by which the C.D.A. may cooperate with the Department on Dental Matters.
- (2) To seek clarification of dental professional relationships to and within the Department.

The C.D.A. representatives named elsewhere in this report met with the Minister by appointment on January 7, 1949. Discussion was carried on at some length on the above basis as well as some points on Indian affairs dental services and the projected dental service for civil servants.

It was the opinion of this Committee, as indeed of the Board of Governors, as well as the profession, that the best results within such a government department can be achieved only by appointing a Director of Dental Services who is responsible for all dental matters. This is not the case within the Department of National Health and Welfare. Representations were made to this effect but the Minister opposed the proposal stating that such a step would be contrary to the administrative plan of his Department. He stated that dental matters form a part of several directorates and it would be impossible to separate them and place them under one directorate.

In view of the adamant stand taken upon this point discussion followed upon how well the present administrative arrangement worked. The Minister stated that every matter was referred to the Dental Consultant, and laid emphasis upon the point that this was the case. He stated that this was his direction and would be pleased to know if the procedure was not followed in every instance. We did not refute his statement but carried the discussion to a point where he questioned the Deputy Minister, who admitted that he could not vouch that it always had been done.

However, complete assurance was given that:

- (1) All dental matters within the Department would be referred for advice to the Dental Consultant.
- (2) The C.D.A. could be satisfied that the proper relationship was through the Dental Consultant as all matters would be routed through him and in future we could rest assured that such would be the case in every instance.

He thanked us for bringing the matter to his attention and further requested that any instances of non-adherence to his instructions be brought to his attention.

The question of a recognized fee schedule, particularly for Indian Affairs was discussed. The Minister stated that the situation of his Department was unfortunate in respect to Indians as there was no legal obligation to render health services. Money for that purpose was found within their

DENTAL SERVICES

estimates as best they could. Tuberculosis is the disease affecting Indians mostly and all efforts are made toward its eradication. Thus all other health services had to depend on the monies left over, consequently his Department is not prepared to consider the adoption of an adequate fee schedule for Indians.

The complete results of the interview reported cannot be assessed as yet. It is suggested that the Committee appointed to report to the Board of Governors on this report give consideration to what further action, if any, is indicated in order to establish dentistry on a comparative and efficient basis within this most important Government Department.

(f) Department of Justice

An interview was arranged on January 7, 1949, with the Minister of Justice, the Hon. Mr. Garson. C.D.A. representatives, Drs. Merkeley, Gullett, and Coons discussed the present system of rendering dental services in penitentiaries. We stated that in our opinion, the present system was subject to grave abuses and a need existed for considerable supervision by competent dental authorities within the Department, of which there are absolutely none at present. The Minister carefully noted our points, especially with regard to inmates being trained up to a point in dentistry, whereby they believe themselves competent to render certain forms of dentistry, and accordingly do so both within the penitentiary and outside when they are released. The basis of payment, and the suggestion that the dental service be supervised either through the Department of Veterans Affairs or the Department of National Health and Welfare, were also noted. We were assured that the matter would be thoroughly investigated.

COMMENT

1 May we first be allowed to compliment Dr. Coons and the members of the Dental Services Committee on their comprehensive report. It is proof of their thorough and intelligent study of the many problems involved.

2 We are gratified to note that the D.G.D.S. has been successful in obtaining some concessions in promotions for R.C.D.C. personnel.

3 We note with satisfaction that the formation of the D.D.A. is a recognition by the Department of National Defense of the part Canadian Dentistry is expected to play with respect to the Armed Forces. The fact that the D.D.A. voluntarily established a liaison with the C.D.A. is most gratifying and is considered to be in the best interests of the profession as a whole in so far as dental policies in the Armed Services are concerned.

4 Having given consideration to the matter and in view of the C.D.A. policy in such matters, this Committee recommends that, at the present time, no further action of a definite type should be taken in respect to the matter considered in the interview with the Minister of National Health and Welfare.

APPROVED BY THE BOARD.

[illegible]

Following discussions by the members of the Board of Governors in June, 1940

A year ago three plans of group insurance were submitted to the members

(1) A full, clear cut plan must be made right at the beginning. No modified

GROUP INSURANCE

companies with which they shared their group coverage, that the healthy individual could obtain basic insurance as cheaply and with better conversion privileges. (Also disability clauses with slightly increased premium.) This apparently is the case.

- (8) The offices of the C.D.A. are taxed beyond capacity. In view of the added burden created by an insurance plan, can the physical facilities of the C.D.A. at the present time carry the increased load of Group Insurance?

These foregoing observations of the Committee on Group Insurance were presented to the Executive Committee in February. Considerable discussion followed and it was recommended by the Executive that further action on the subject be discontinued for the present and that recommendation be made by the Executive Committee to the Board of Governors that the matter be tabled.

Since February the Committee on Group Insurance has maintained a contact observation on the progress of a few of the group plans which have recently been set up by other organizations.

APPENDIX A.

OBSERVATIONS FROM ANOTHER PROFESSIONAL GROUP

1. Plan working only fairly well, but improving.
2. Plan not as big success as anticipated.
3. Plan should be attractive to young men, but did not especially work that way - age group at present has levelled off to 35 - 40 year level.
4. Earliest applications were from older age group - This could probably have been due to their inability to get insurance elsewhere.
5. Membership in Association is approximately 6500 - 7000. They secured the 250 minimum fairly easily, but as of the present time have not yet secured the 500 members since the plan was initiated in the early spring of 1948 (Approx. 400 members.)
6. Competition was quite keen from other companies when they know the plan was going into effect. Other companies tried to point out that they could secure a type of term insurance that was as effective as the group plan and as cheap.
7. Some companies - more or less left an impression of chiseling by the association in instituting such a plan - (Quite unfounded)
8. Small irritations, because applicant could not get plan to suit his needs, unknown factors of ill health, etc., became a source of some trouble. Many of these were unfounded of course, but tended to create a slight degree of ill will.
9. Some were already associated with some forms of group health, sickness, accident and hospital plans and did not care to join another group.
10. North American Life were found to be an excellent company with which to deal. Nothing but the best to say for them.

ACTION

The report was adopted which resulted in the matter being tabled as recommended.

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dental literature.

conscientious effort. The final results are as follows:

Second Prize: William H. MacNeill - Dalhousie University.

tive schools.

- 1950 is:

"The Control and Elimination of Pain in Dental Procedures.

WAR MEMORIAL AWARD

At the C.D.A. meeting in June 1948 some of the deans suggested that the subject for competition be announced before the end of the term to permit the students to do some of the reading during the vacation period. This was taken up with the Secretary and the President of the C.D.A. and permission was granted to announce the subject immediately. All the deans were informed of the subject for next year and the response from them was quite enthusiastic. In view of this, it is recommended that in the future the subject for the competition for each following year be announced before the end of the previous college year.

It has been found that the date set for handing in the essays as at present, April 25th, is too late in the term. The Faculties are busy with examinations and the judges are similarly occupied. The Committee finds it difficult to get the essays judged, to meet and collate the results and include them in the annual report in time for the C.D.A. meeting. It is recommended that the date for submission be set a month or more earlier and that condition No1. be changed accordingly. If the subject is announced before the summer vacation, the change to an earlier date should involve no hardship for the competitors.

The Committee recommends that condition number 9 which now reads: "All submitted essays become the property of the Canadian Dental Association" be changed to read:

9. "The prize winning essays become the property of the Canadian Dental Association who reserves the rights of publication."

It is also recommended that condition number 9 be repeated in the letter accompanying the cheque to each prize winner and that it be pointed out that this condition means that the essay is not to be published by the author without permission of the C.D.A.

It is again recommended that the majority members of this Committee, including the Chairman, should be selected from each university centre in turn. New ideas and viewpoints can best be obtained in this manner.

Your Committee also recommends that the same budgetary allowance as was made last year for the administration of the War Memorial be made for the coming year.

The Chairman wishes to express his appreciation and thanks to the members of the Committee, Dr. M.H. Garvin, Dr. P. Geoffrion, Dr. A.M. Hord and Dr. W.F. Walford, for their kind cooperation and help throughout the year. Without their efforts, cheerfully given, this work could not have been done.

The Chairman also wishes to thank the Deans of all the Dental Schools for their kind cooperation in giving effect to the Committee's efforts.

WAR MEMORIAL AWARD

COMMENT & RECOMMENDATIONS

We feel that this Committee, under the chairmanship of Dr. Gerald Franklin of Montreal, should be congratulated upon the splendid way in which they have conducted this War Memorial Award Contest and in the report submitted.

We agree that the results of the contest should be published as soon as possible in the Journal of the C.D.A. but since it will be impossible to publish either of these essays as soon as the winners are announced that this year the first prize essay be published in the October issue and the second prize essay as soon after that as possible.

We agree that those essays which were not awarded a prize be returned to the Deans of the respective schools.

We agree that in future the subjects for the competition for each following year be announced before the end of the previous college year and that the date for submission be set annually by the Chairman and that condition of the award No 1 be changed accordingly.

We agree that condition of the Award No 9 should read "The prize winning essays become the property of the Canadian Dental Association which reserves the rights of publication" and that this condition be repeated in the letter accompanying the cheque to each prize winner and that this condition means that the essay is not to be published by the author without permission of the C.D.A.

We agree in principle that the majority members of this Committee, including the Chairman, should be selected from each university centre in turn when possible.

We agree that the same budgetary allowance as was made last year for the administration of the War Memorial be made for the coming year.

We make no recommendation as to any change in the number of essays to be submitted nor any change in the method of judging but reference is made to the problem of essays being submitted in two languages. We feel that something might be done to improve this situation and would recommend the following:

1. That each school submit two essays for competition.
2. That three judges be appointed to decide on the winner and the contestant entitled to 2nd prize.

APPROVED BY THE BOARD.

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5. In addition, the Commission is necessary for purposes of clarification, that it

be preceded by the Terms of Reference as adopted for the Committee on

"The Club will make report at the Annual Meeting of the

Board of Governors.

"The duties of the Committee shall be:

- 1 To arrange for publicity in press and by radio.
- 2 To establish and maintain satisfactory relationships between the profession and government health departments.
- 3 To establish and maintain satisfactory relationships between the profession and other public health organizations.
- 4 To provide vocational guidance where considered advisable.
- 5 To facilitate the distribution, through provincial organizations, of dental health pamphlets, charts, etc. for purposes of health education of the public.

Your Committee begs to report its activities for the period 1948 - 49 as follows:

Clause 1, "To arrange for publicity in press and by radio."

No organized radio programs have been carried on by the Public Relations Committee during the past year. A number of private radio addresses have been given under local dental organizations as part of dental health days or weeks. One Canada wide address, which was initiated by the Ontario Dental Public Health Committee, and was later extended to cover all of Canada through the N B C, was arranged for through the auspices of your Dental Public Health Committee.

This Committee is of the opinion that all publicity carried over Radio logically should be under the control of your Dental Public Health Committee.

Dentistry has been striving for many years to increase its value in the realm of more widely recognized health activities. During the past year

there have been some evidences of success in this effort. Many Canadian newspapers and journals have carried interesting and instructive dental information. Special articles or stories appeared in *Chatelaine*, *Mayfair*, the *Canadian Home Journal*, *Toronto Star Weekly*, *Liberty Magazine*, *Daily Star* and *Health* magazines. Recent issues will be found to contain monthly articles on Dentistry. In all but two of these, members of your Committee participated.

While it is true that fluorine was the theme which prompted some of these articles, your Committee believes that even if fluorine is not as yet the safest and surest means we have for dental caries control, the educational value of these special articles in the press, unless they constitute a gross mis-statement, will do much to promote dentistry for children.

Your Committee has been urged, through correspondence and by "direct" approach, to take some action of condemnation concerning the article or story which appeared in the February, 1949 edition of *Liberty Magazine*, under the heading, "Are Dentists Neglecting Our Children?"

The Committee fully considered the wisdom of entering into a discussion with the editor on the merit, inaccuracies, or general trend of the article published. The unanimous decision was that controversies with the press usually prove unsatisfactory, and, indeed, frequently harmful, as has so often been learned by sad experience. In order that a broader viewpoint on any such action might be had, the matter was submitted to, and considered by, the Executive of the Canadian Dental Association at its recent meeting in Toronto, and the decision of the Committee on Public Relations was approved.

Those who have not read the article in *Liberty* should do so. It will provoke serious thought. It may be that there is some truth in the statements made which dentists do not like. The source of the inspiration for such statements should be sought. It may be that dentists have left undone some of the things that they should have done. They may not have voluntarily deferred treatment for adults in order that more attention could be given to children. Your Committee is of the opinion that even if there are minor inaccuracies in some of the special articles, there is bound to arise from a perusal of them by parents a greater interest in dentistry for their children. All dentists desire, and have been striving for, the wide dissemination of information concerning dental public health, so that they should not be too critical, or too quick, to condemn when appraising published articles.

A letter was sent to the Editor of *Liberty* by your Committee, commending him for his interest in dentistry for children and explaining to him dentistry's lengthy and persistent efforts in this field, pointing out that certain statements in the story might have been checked for greater accuracy, and condemning the illustration used at the commencement of the article, also offering to cooperate with him in the preparation of any future articles designed to promote Dentistry for Children.

It has been cheering to note the increasing attention given dentistry in various journals and reports, such as the *Bulletin* issued monthly by the Department of Nutrition at Ottawa. Very frequently excellent reference is made to the value of a well-balanced diet for better health and building sound teeth. The *Monthly Journal* issued by the National Department of Health and Welfare has carried several informative articles on Dentistry during the past year.

PUBLIC RELATIONS

To an increasing extent the health columnists in the daily press this year have repeatedly used dentistry and dental health very effecticely in their columns. All of which is an encouragement to see that every individual member of the dental profession is not only fully aware of his obligation to educate his patients, and to promote the greater task to which we are committed -- the improvement of the general health of the people -- but to accept as his bounden duty, the preaching of the doctrine of dental health to all others with whom he comes in contact. This will assist very much the work of any committee set up for the purpose of extending dental public health service.

Clause 2. "To establish and maintain satisfactory relationships between the profession and government health departments."

Such relationships have been well maintained during the past year. The Departmentsof Health in all provinces have been very receptive to suggestion, plans and offers of cooperation from organized dental committees. Through correspondence and direct conferences, the need of action, changes, and the opening of new fields of endeavour in their dental programs have been repeatedly emphasized, and in several instances acted upon.

Soon after the federal health grants were announced, letters from this Committee, and an excellent letter from the Public Health Committee, went to the heads of all provincial health departments and provincial Dental Associations, pointing out the significance and urgency of including dental health in any province wide health survey, the importance of providing new buildings; and the necessity for establishing a dental division within their health department, under the full time direction of a graduate in Dental Public Health, as an essential part of public health service. This has actually been accomplished in five provinces and in three of these, the directors are now enrolled or are about to enrol in the course leading to a Diploma in Dental Public Health (D.D.P.H.).

The urgent necessity of dental representation on the Provincial Advisory Committee on Federal Grants was very strongly impressed upon the provincial health officials and the provincial dental bodies, because when planning general health programs and activities, dental representation is imperative. This is particularly so in the health surveys now being conducted in every province. A qualified dentist should participate in the survey planning and be a member of any directing commission. He should assist actively in outlining the procedure of a dental survey, otherwise the report findings may fall far short of the mark.

In the Eastern provinces, direct conferences with Government Health Officers were held. In all other provinces, in order to avoid the expense of long distance travelling, suggestions were made through correspondence, which circumstance points a moral -- because of the lack of frequent personal interviews and observation, a great responsibility rests on the committees within their own organization. These could meet frequently with proposed innovations or changes. It is imperative that dentistry be considered and included in any such changes or innovations, otherwise the health program will prove inadequate and incomplete. In some provinces such committees are functioning satisfactorily; all provinces should have them. Constant vigilance is the secret of success in our dental relations with governments as well as with other organizations. That vigilance not practicable through correspondence alone, can be achieved only through personal interviews. British Columbia, Saskatchewan, Manitoba, Ontario and New Brunswick have

PUBLIC RELATIONS

now established divisions of dental health in their Health Departments.

Clause 3. "To establish and maintain satisfactory relationships between the profession and other public health organizations."

Reciprocal and cooperative relations exist between the dental profession and public health organizations. The Health League again in January of this year organized and conducted a Health Week, covering all of Canada. It was devoted to the consideration of general, rather than specialized health; and was conducted with the cooperation of every provincial department of health and endorsed by the Provincial Minister of Health. This program was a splendid success and was given a liberal coverage by the public press. For that Week, your Committee prepared and submitted a press release on Dentistry which, from reports received, was carried by many papers having a wide circulation. This is effective educational publicity, and perhaps more effective than if it had been issued independently by your Committee on Public Relations.

Clause 4. "To provide vocational guidance where considered advisable."

The major task of your Committee for this year has been the preparation of a book on Vocational Guidance, which was forecast in the report for 1948. Authority was given for the preparation of this book as early as possible. Thanks are due to the Dental Alumni of the University of Toronto for their cooperation and assistance. The mimeographed proofs of the book are now in hand, awaiting approval. Further authority for the expenditure of funds for the publication of the is now awaited.

A great deal of work has been involved in preparing the various chapters which cover all phases of dentistry and all subjects taught in Canadian University Faculties. There has been included an introductory chapter dealing with the purpose of the book; the personal qualities required in a dentist, as well as his obligations to the profession. Other chapters deal with the history of dentistry, requisites to success in practice, academic requirements, University relationships and scholarships, awards, etc.

The subject matter of the book is the work of a combined committee representing the Dental Alumni of the University of Toronto; the Board of the Royal College of Dental Surgeons of Ontario; and the Canadian Dental Association. Harmony and concerted action have characterized all their efforts. In order that the action, and subject matter of the book would follow accepted procedure and methods, all material and plans were submitted to the Department on Vocational Guidance of the Provincial Department of Education. This Department not only gave its approval but asked to be permitted to purchase 900 copies of the book when it is published.

The book is written in general terms, suitable for every province in Canada, with an insert at the back carrying the address of the registrar of each university to whom enquiries may be addressed.

The copies of the books sold to the Ontario Department of Education will carry the imprimatur of the Alumnae Association of the University of Toronto as well as the Canadian Dental Association. The books for distribution in other provinces will be authorized by the Canadian Dental Association.

PUBLIC RELATIONS

The purpose of this book is to provide secondary school students with authentic information on dentistry as a profession; to give authentic information to vocational guidance personnel, counsellors, school principals and others.

An organized effort will be made to appoint counsellors who are dentists of merit, in each city or town where there is a Secondary School, High School or Collegiate, and who will take on the responsibility of discussing dentistry as a life work with students who have been directed to him by school teachers and others.

A book such as the one now prepared has been needed for a long time. Many enquiries for vocational guidance information have been received by your Secretary, and by many others who were expected to have the required knowledge. While other professions have had printed informative material available for several years, Canadian Dentistry has lacked it. The American Dental Association and the British Dental Association have provided similar books for several years; Canadian Dentistry is now falling in line.

If this book is approved and the necessary authority for publication is given, it will be ready for distribution at the opening of school in September, 1949.

Clause 5. "To facilitate the distribution, through provincial organizations, of dental health pamphlets, charts, etc. for purposes of health education of the public."

Requests to the Secretary for dental health pamphlets, books, charts, and lecture material continue at an increasing rate. Inventories of material on hand are made from time to time, and revisions and additions will be made as needed. Stocks of some of these publications are getting low, but the purpose is to exhaust the present supply and replace with new material. There is now in stock books, pamphlets, etc. suitable for all including young children, adults, school teachers, and health workers.

Your Public Relations Committee respectfully submits this report for the year 1948 - 1949, for your information, discussion and approval.

COMMENT & RECOMMENDATIONS

1. The radio address reported on but deferred will be given by John Fisher who will devote his time on his regular Broadcast to Dentistry. The members of the Board of Governors will be given three weeks notice of date and time. It is suggested that each provincial organization run a newspaper notice of the event.

2. It is recommended "That an expression of our appreciation be sent to the editors of publications who have published original articles on Dental Health during the past year and expressing our readiness at all times to cooperate and use our facilities to ensure that scientific and professional material in articles on Dentistry is accurate in all respects. It is not intended to destroy or alter the news value or readability of the article."

PUBLIC RELATIONS

3. We are in complete agreement with the action taken by the Public Relations Committee and we would like to compliment them on the tactful manner in which they dealt with articles appearing in the several magazines.

4. We approve of the constant watchful action of the Committee in regard to articles in the magazines and their effort to correct any mis-statement that may appear. Our Committee would like to sound a note of caution through the Board of Governors to the members of our profession, that when giving interviews or on radio programs that the statements made are accurate. As it has proven impossible, in most cases, to trace the source of the article.

5. We agree with the following: "That Ontario division of the Canadian Red Cross be thanked for the assistance given in the Dental Public Health program and for their very generous support.

6. It is agreed:

- (a) That the Book on Vocational Guidance be approved and authority be given for its publication.
- (b) It is recommended that consideration be given at the time of publication to have the book translated into French.
- (c) That each province be asked to provide funds and take responsibility to provide an insert covering their particular and separate requirements.
- (d) That the Finance Committee be asked to budget for \$500.00 for publication of 5000 copies, part of which will come back in the sale of the book.
- (e) The committee suggests that the title of the book be "Dentistry as a Career".

7. It is recommended that the Secretary write "The Dental Alumni Association of Toronto" to express our grateful appreciation for their assistance in making this book possible.

8. We desire to pay tribute and congratulate the essayists who prepared these several articles and recommend that the Secretary thank them by letter.

9. We wish to compliment Dr. Harry Thomson and his Committee on this very fine and full report which they have prepared. The material submitted for publication on Vocational Guidance in the book called "Dentistry as a Career" is excellently written and concise. It is a resumé of all phases of the practice of dentistry, a credit to the C.D.A. and a compliment to the profession.

APPROVED BY THE BOARD

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REPORT

but this year has the added virtue that it is the first time

in minor particulars, without in any way affecting the general regulations.

drugs being developed to help control the development of caries.

initiate such action.

RECOMMENDATION

It is recommended:

to the amendment of the Act itself.

APPROVED.

[illegible]

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Instructions were given at Murray Bay that Appendix "A" to last year's report be reformed to include the following items:

INDUSTRIAL DENTISTRY

other words the booklet on Industrial Dental Services was revised and agreement was reached as regards publication.

The Chairman of your Committee was requested to lecture on industrial dentistry before the Societe Dentaire de Montreal. The subject matter taken from the four first chapters of the booklet explained to our French Canadian confreres the C.D.A. policy as regards industrial dentistry.

Your Committee unanimously requests that a fourth member be added to the Committee.

DISCUSSION

Para. #1. Agreed.

#2. This booklet is not published, as was anticipated when the report was prepared in April.

#3. We wish to point out, that in the adoption of any such scheme, it would have to be initiated on a provincial health level, to participate in Federal grants.

#4. Agreed.

#5. We suggest the Board express thanks to Mr. J.H. Molson for defraying expense of the representative to the meeting of the American Association of Industrial Dentists.

#6. The Board be requested to provide sufficient appropriation in the budget for publication of this booklet.

#7. That the Chairman be commended for this extra effort in addressing this Montreal Dental Group.

#8. To be deleted because it is not in keeping with the terms of reference.

APPROVED BY THE BOARD.

NOTE: The publication referred to in this report will be available September 1st next.

COMMITTEE ON INTERNATIONAL RELATIONS: ERNEST CHARRON,
CHAIRMAN, MONTREAL, QUE.; J.A. FORTIER, MONTREAL, QUE.;
J.K. CARVER, MONTREAL, QUE.; DON W. GULLETT, TORONTO, ONT.

The Committee on International Relations desires to report progress. Considerable correspondence has occurred but until conditions are more stabilized, as we reported last year, little can be accomplished.

The Committee has studied the situation concerning the Federation Dentaire Internationale which seems, for the time being, to be a problem that cannot be presently solved.

a. Following considerable discussion on the pro's and con's of our responsibility towards an international dental organization the following motion was passed:

b. That the exchange of publications with European and other countries be encouraged.

APPROVED BY THE BOARD.

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Your Committee on Nomenclature has held

1. A request to again review the matter of the recommendation of a

1. The question to again review the matter of the recommendation of a dictionary to be used as the standard for publications, and to make recommendation as to the spelling of colour, color; technique, technic; dentine, dentin; etc.
2. A request to the Committee to supply standardized terminology for "Dentistry for Children".
3. The organization of sub-committees within the five Canadian dental schools and the standardization of the nomenclature respecting the courses given in the respective Schools.
4. Consideration and recommendation of the report of the Nomenclature Committee of the American Association of Orthodontists.
5. Consideration of the uses of the adjectival form of "Dentistry".

The Committee further agreed that before any nomenclature is suggested for adoption that it must have facility of expression, exactness of definition, and should meet with the approval of not only the Canadian Dental Association but also the specialty concerned, the Journals and the dental schools. Additions or deletions on any other basis would only confuse the issue.

The Committee has striven to make the derivations either all Greek or all Latin, and to eliminate words that are a combination of both. Elimination of the "ia" endings would be desirable in many cases, as there is no Greek word "odontia" or any compound thereof.

- It is a little surprising, however, to find its choice of the New Oxford for the reasons

The Committee reaffirms its choice of the New Oxford for the reasons previously stated. Isolated words have been singled out for recommendation

NOMENCLATURE

as to spelling, but the Committee was in agreement that any such action was beyond its capabilities. The core of the matter is whether the British or American system of spelling is to prevail, and any system so adopted must have a standard dictionary as its guide post. No system of spelling can be adopted piecemeal, but must be taken up in its entirety. If the American system of spelling is adopted we cannot accept the "or" endings and at the same time reject such words as "traveling", "willful" and "fulfill", which would meet with very doubtful acceptance by the profession. Effective writing must be expressed in terminology that is intelligible to the reader, hence usage has formed our vocabulary, and is the yard stick employed by those who write dictionaries. Both the New Oxford and Webster's dictionary give both "or" and "our" but in the reverse order. It is manifestly impossible for your Committee to establish a standard which has been unattained by the worlds lexicographers.

2. Dentistry for Children

In conformity with a classical pattern the Committee recommends that "Paedodontics" be accepted as the standard nomenclature indicating "Dentistry for Children". Exception may be taken to the inclusion of the "a", but this is necessary to bring it into harmony with "Paediatrics" in Medicine, and also because of the popular association of "pedo" with the Latin "pedis" or foot.

3. Sub-Committees in Dental Schools

Establishment of advisory sub committees has been accomplished in three schools, but two have not yet responded. Appendix A has been mailed to all schools, with the request that they distribute it to the heads of their respective department for purposes of comment and justification of their individual nomenclature. In this manner it is hoped that the sub-committee may be in a position to give concrete guidance to the central Committee. The establishment of uniform nomenclature is a task of enormous proportion, and will require prolonged and energetic effort, but your Committee thinks that it is within the schools themselves that uniformity is most necessary, and that it is through the schools that they might make their most effective efforts. It should be noted the attempt at standardization is only in respect to nomenclature, and there is no suggestion that the content of courses should be standardized.

4. Report of the American Association of Orthodontists

Your Committee recommends that the following changes be made in this report:

5. Dental anomalies -- change to: "Odontic anomalies".
7. Egnathic anomalies -- This appears to be a direct duplication of #5, and it is recommended that #7 be deleted in its entirety.
8. Dysgnathic anomalies -- Change to: "Gnathic anomalies", which fulfils all the requirements of the definition without the "dys" prefix.
9. Dentofacial anomalies -- The definition makes no reference to any "facial" concept. If the terminology is retained it is recommended that "Dysgnathic" be changed to "gnathic", but the Committee recommends that "maxillo-facial" should be substituted.

NOMENCLATURE

14. MacroGLOSSIA -- "Macro" means long, while "megalo" means large, which is the concept intended according to the definition. However, "macro" is so firmly established that it might be unwise to attempt to supplant it. "megalo" is suggested as an improvement, as "micro" and "macro" are readily confused when speaking.
18. Myofunction -- "Myo" is Greek and "function" is Latin. The word does not appear in the dictionary, but the adjectival form, "myofunctional" appears in Dorland's Dictionary and is defined as "pertaining to muscle function: a term applied to a method of treating malocclusion by restoring to normal the action of the muscle groups relating to facial development". This definition is not in agreement with the definition of the report, and we would suggest that "myofunction" and "myodysfunction" be replaced by: Muscle function - normal or abnormal.
27. Bimaxillary -- the meaning is ambiguous, as the term means literally two maxillae, which is inconsistent when the lower jaw is called the mandible in the definition. Bimaxillary is not in the Oxford Dictionary and Webster defines it as (a) of or pertaining to both jaws (b) pertaining to or extending between the two maxillae. The Committee recommends that "bimaxillary" be used in the latter sense, and that "dignathia" be added to signify "Concerning both jaws".
31. Contraction -- Numbers 31 to 36 have well defined dictionary meanings, most of which imply the application of force, which is not the meaning intended by the definition. Change "contraction" to "contrusion" with the same definition as given.
32. Distraction -- Change to "distrusion" with the definition as given.
33. Protraction -- Change to "protrusion" with the definition as given.
34. Retraction -- Change to "retrusion" with the definition as given.
35. Attraction -- Delete. Covered by # 39
36. Abstraction -- Delete. Covered by # 39
37. Intraversion, Extraversion -- Delete. Covered by #'s 31 and 32.
38. Anteversion, Retroversion -- Delete. Covered by #'s 33 and 34.
39. Supraversion, Infraversion -- "Version" implies a rotation which is not always present. Recommended that "supraversion" be deleted and replaced by "ultratrusion", indicating teeth that have erupted beyond the usual occlusal plane, and that "infraversion" be deleted and replaced by "intratrusion", indicating teeth which have failed to erupt to the usual occlusal plane.
40. Linguoversion -- Change to "linguotrusion".
41. Torsiversion -- Indicating a tooth turned on its long axis.
42. Mesioversion -- Change to "mediotrusion" with the same definition.

NOMENCLATURE

43. Distoverision Change to 'distotrusion' with the same definition.
(Note) #s 42 and 43 might be deleted and the adjectival form of #31 and 32 substituted. For example mediotrusion might be expressed as an odontic contrusion of the maxillary laterals etc
44. & 45 Orthognathic and Prognathic Recommended that these terms retain the exact definition they have had in Anthropology and Anatomy for many years, which makes the definition as given unacceptable.
- 47 Frankfort Plane Nothing should be done to confuse the original definition established at the International Congress of Anatomists and Anthropologists in 1884. Fisher has defined it as "that plane on which the skull is to be oriented during precise craniometric study. The plane is horizontal, and the skull to be observed is so oriented that the superior margin of the external auditory meatus and the inferior margin of the orbit are in contact with it. In this position the plane of the skull approximates the position of the skull in a normal erect individual." Dorland's Dictionary defines "Tragia" as: "a species of euphorbia plants; several species are weeds in the United States". The Committee questions the wisdom of imparting to this word an anatomical meaning. The plural of "tragus" is "tragi" and the tragus is not a point, which should make it too inaccurate for definition purposes. Frankfort plane might be defined as a horizontal plane through the lowest margin of the orbital aperture and the upper margin of the external auditory meatus.
50. Tragion The Oxford Dictionary defines "tragion" as, "A name given by the Greeks to a species of foul smelling euphorbia plants." Again the Committee questions the wisdom of applying this word to an anatomical entity.
- 52 Dysplasia This is a Greek word with a Latin ending, which should be avoided if possible. However this word is so well established that it might be necessary to retain it. One would not, for instance, say "diagnosia". The committee advances "dysplasis" as a substitute, with the same definition as given.

5. The Adjective "Dental"

Your Committee is in agreement with Lindsay in that "Dentistry" has developed a comprehensive inclusiveness of meaning, but that more care must be exercised in the use of the adjectival form "dental". "Dental" should not be used in its correct inclusive sense in one sentence and particularize its meaning in the next. Hence "dental anatomy" should correctly include all the anatomy of dental significance, and cannot properly be restricted to indicate a course in tooth morphology, nor should "oral" and "dental" surgery be used to describe different courses, or courses of major and minor content. The Committee recommends that "dental" be reserved to denote generalizations such as "dental practice", "dental profession", etc.

Your Committee wishes to emphasize the confusion and inaccuracies that even a cursory examination reveals in the present dental nomenclature. This situation is inconsistent with a scientific body, and, unfortunately, shows signs of deteriorating in certain respects. Improvement can come only through prolonged and arduous effort, which so far no group has undertaken seriously. It is recommended that the task of revision should be sectionalized, reviewing the purely dental phases first, and with the broadest possible assistance from the specialties and dental schools.

COMMENT & RECOMMENDATIONS

1. We wish to commend the Committee for the great amount of work and investigation it has done for the very evident effort it has made to rationalize the approach to the establishment of a uniform and correct terminology.
2. We recommend that the report of the American Association of Orthodontists with the changes suggested by the Committee be referred to the Association for further consideration and comment.
3. We approve the recommendation in the last paragraph of the report and suggest that the Committee be asked to allot certain departmental sections to the various schools for discussion and study and that when these are returned to the Committee they should be assembled and tabulated and the results again presented to the Board of Governors in order to establish a satisfactory Canadian terminology.

APPROVED BY THE BOARD.

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REPORT

At the first meeting of the Committee it was decided to discuss and bring to

1. To review any comments on last years publication "Basic Standards for

2. The main task confronting the Committee this year was the legal and

3. The physical design of a dental department varies with the size of the

4. It was our intention to revise the "Course of Lectures in Dentistry to

4. It was our intention to revise the "Course of Lectures in Dentistry to Nurses in Training", and this task was assigned to two members. This matter will receive early consideration next year.

HOSPITAL DENTAL SERVICES

In addition to the foregoing, the Committee plans next year to publish a list of instruments and equipment required in a hospital dental service. It intends by means of provincial representation to amend the Hospital Act so that dentists may legally admit and discharge patients in hospital.

Recommendations:

As health is a provincial responsibility it is felt that the Committee should have a wider provincial representation.

That the proposed regulations concerning the admission and discharge of patients in hospital be approved.

That Appendices B. & C. be approved and included in "Basic Standards for Dental Services in Approved Hospitals".

APPENDIX A.

A PREFACE TO "BASIC STANDARDS FOR DENTAL SERVICES IN APPROVED HOSPITALS"

The standards of service and administration set forth in this publication are comprehensive and of an idealistic nature. According to the size of the hospital and its scope of service, these standards may be modified, but in respect to service there should be one standard service of the highest order.

A hospital dental service provides opportunities for close cooperation with the medical profession, a cooperation which can only result in the better treatment of the sick and an enhancement of the standing of the profession in the community. From these standards, the hospital dentist must derive the factors necessary for the establishment of a dental health service in his hospital. Clinical facilities, educational and administrative functions will vary in each hospital, but such as they may be, they must be outstanding in the profession.

It cannot be too strongly emphasized that even in the smallest hospital the appointment of a dental consultant to the staff is of prime importance. He shall be a member of the Medical Advisory Board to enable him to co-relate the professional and administrative responsibilities of the two professions. Without him the hospital is unable to provide the best in diagnosis and treatment of oral disease in relation to medical and surgical conditions.

APPENDIX B.

PROPOSED REGULATIONS GOVERNING THE ADMISSION AND DISCHARGE OF PRIVATE PATIENTS IN HOSPITAL BY MEMBERS OF THE DENTAL PROFESSION

In order that a high standard of dental service be ensured, dental treatment for private patients will be under the supervision of the head of the Dental Department, Senior Dentist or Dental Consultant.

The Governing Body of the hospital, on the recommendation of the above

HOSPITAL DENTAL SERVICES

dentist, and with the approval of the Medical Advisory Board, will appoint dentists of recognized ability to a courtesy staff who will have the privilege of admitting and discharging private patients to hospital for dental treatment. The number appointed will be determined by the Board.

When required, a general anaesthetic will be administered by a member of the hospital medical staff or a member of the anaesthetic staff if organized as a separate service.

A dentist has the right of appeal to the Hospital Medical Advisory Board respecting any decision of the head of the Dental Department, Senior Dentist or Dental Consultant.

APPENDIX C.

PHYSICAL DESIGN OF A HOSPITAL DENTAL DEPARTMENT

The physical design of a hospital dental department will vary according to the size of the hospital and the scope of service to be rendered by the department.

The cut-out plan of rooms and partitions are optimum in size and $1/4$ inch to the foot in scale. Upon the master plan of the space allotted the department, superimpose the cut-outs and partitions and arrange them until a suitable space consuming arrangement is made.

The template showing equipment is also to scale and may be drawn on the floor plan in a position most suitable for light and connection with the plumbing and electrical services.

Additional cut-outs may be made or deleted according to the size of the department. The rooms are inside measurement and must be enclosed by partition walls. Doorways should be 3 feet wide to accommodate a stretcher.

HOSPITAL DENTAL SERVICES

APPENDIX C.

CUT-OUT PLANS

1/4 in. = 1 ft.

(Cut out along lines and
superimpose on hospital
blueprint)

Waiting Room

12 ft. x 12 ft.

Operating
Room

8 ft. x 10 ft.

Operating
Room

8 ft. x 10 ft.

Inside Partitions 6 in.

Laboratory

8 ft. x 10 ft.

Retiring
Room

6 ft. x 10 ft.

Scrub Room

8 ft. x 10 ft.

Inside Partitions 6 in.

HOSPITAL DENTAL SERVICES

COMMENT

We wish to congratulate the Hospital Dental Services Committee under the chairmanship of Dr. Douglas Tanner for the work which has been so well done to date, and for the sound policy which they have adopted for future negotiations.

The standing of our profession in the eyes of others is reflected in no small way by the conduct of our members in the hospitals across the Dominion. It is therefore essential that those dentists who are to carry hospital practice be well trained in hospital conduct, and it is recommended that during the next year, the Committee prepare instructions on this subject.

APPROVED BY THE BOARD.

ARTS & HOBBIES

M. H. Garvin, Winnipeg.

REPORT

At the last meeting of the Board of Governors I made a suggestion that something might be done in the way of inaugurating a Fine Art and Camera Salon for the Canadian Dental Profession. This matter was later considered favourably by the C.D.A. Executive and last March I received a letter from our Secretary, Dr. Gullett, that the Executive was in favour of creating a special committee on "Arts and Hobbies" with myself as Chairman, and that a preliminary report be requested for the Board of Governors' meeting here in Saskatoon.

During these last two and a half months since receiving word of this appointment I have found it almost impossible to give the necessary attention to this matter. I did write to Dr. Bricker of Vancouver, an enthusiastic photographer, and an exhibitor in many competitions for information and also discussed the matter with others as occasion permitted but no definite committee was created as I found it impossible to do so as the Journal was requiring much more of my time than usual.

However I have a few personal convictions with regard to the matter and they are as follows:

1. As soon as feasible the C.D.A. should form a "Canadian Dentists' Fine Art and Camera Salon". I believe that this would be in the interests of Canadian Dentistry and help to unify our profession.
2. This venture should not be undertaken until such time as our Headquarters Staff is augmented to the point when such a venture could be looked after at Headquarters. I am convinced that this program cannot be carried out by a committee of the C.D.A.
3. The question of approaching one of our Supply Houses to sponsor such an undertaking could be considered as the Frank W. Horner Co. sponsor the Canadian Physicians' Fine Art and Camera Salon.
4. Consideration could be given in the first instance to limiting the exhibition to photographic art such as monochrome photography and Kodachrome transparencies, and later include oil paintings, water colour pictures, etchings, pastels, drawings in charcoal, etc.

COMMENT

Paragraph No. 1 -- We wish to congratulate Dr. Garvin for his splendid idea and for the amount of work he has put so far into the project.

Paragraph No. 2 -- We feel that an exhibition of Arts and Hobbies by dentists could be handled by the Program Committee without creating a special committee to cope with that organization.

Paragraph No. 3 -- 1. Agreed -- but we are of the opinion that this activity should be enlarged as to include crafts and general hobbies by dentists.

2. We do not agree that a special committee named

ARTS & HOBBIES

"Arts and Hobbies Committee" should be instituted to run an exhibition of this kind and do not agree also that the Headquarters should look after the organization of such a show. We recommend that the Program Committee take charge of this function, with a start -- though humble -- at the next Convention, in Toronto, in 1950.

3. The Committee thinks that the C.D.A. could run this show without the assistance of any commercial firm.

4. Agreed -- but could be enlarged in the future.

APPROVED BY THE BOARD.

SUMMARY

SUMMARY OF SESSIONS

Six sessions of the Board of Governors were held. The first session began on Thursday afternoon June 2nd and the final session on Monday afternoon June 6th. All members were present at the opening session. Dr. Baden Powell was called away after the first session owing to the sudden and serious illness of his father and Dr. R.R. McIntyre replaced him, as Alberta Representative, for the rest of the sessions. Otherwise, all members were present at all the sessions.

An average of 30 to 40 attended the sessions of the Board of Governors consisting of, in addition to the members, Chairmen of Committees, Editors, and individual members of the Association. The meeting is open to individual members of the Association and it is noted with pleasure that an increasing number are attending the sessions. All members are permitted to speak on the subject under discussion but voting privileges are performed by the official representatives.

At the first session the reports contained on the preceding pages are presented and officially received. Each report is referred to a reference committee for study. The reference committees report back later to the Board, which procedure occupies the rest of the sessions. In this presentation an endeavour has been made to present a summary of the comment and action taken at the end of each report. Space does not permit more than the end result of what often proved to be lengthy discussion. It will be observed that each report receives careful and detailed study firstly by the reference committee and secondly by the whole Board before approval is given. For purposes of clarifying this presentation of the reports all amendments have been made.

One of the main objectives of the Board is to set up policies for the guidance of the provinces. The Board at no time attempts to assume an attitude of dictation. Provinces may adopt policies in total or amend the same to suit their own purposes or conditions.

ANNUAL MEETING OF ASSOCIATION

ANNUAL MEETING OF ASSOCIATION

As required under the By-Laws of the Association the Annual Meeting was held on Wednesday, June 8th at 12.30 p.m. The meeting was coordinated with the luncheon and largely attended.

The President, H.J. Merkeley, delivered the annual presidential address. (See following page.)

Honorary Membership in the Association was conferred on L.J.D. Fasken, Registrar of the College of Dental Surgeons of Saskatchewan. R.L. Pallen, Past President of the C.D.A. made the presentation and fittingly spoke of the long service rendered to the profession by the recipient.

The meeting was declared open for any member to ask questions or make statement respecting the work of the Association. No remark was made.

The installation ceremony was performed by John Clay, Past President of the C.D.A. He appropriately installed the newly elected President, G.V. Fisk, in office and then presented the retiring President with the Past-President's Badge.

The new President then addressed the meeting (See following Presidential Address.)

ANNUAL MEETING

H.J. Merrioloy

PRESIDENTIAL ADDRESS

Once again we mark the passing of a milestone in the life of the Canadian Dental Association. Our history as an organization reaches back to 1802. During this period there have been one or two reorganizations, and while our objectives have not varied, the internal governing arrangement has; until today we have a smooth functioning administration, brought to a high degree of excellence by a capable permanent staff, assisted in some measure by each successive executive and Board of Governors.

It will be very fruitful for us to even casually examine the status, programme and future plans of our Association, that we may lay even bolder plans for the future and so assume our proper role in a changing world of responsibilities and complexities of health problems.

It is a far cry from the time when dentistry consisted of the more or less, usually more, painful loss of an offending molar; and in the restorative field, its replacement by a simply wired-in number as its successor. Our progress in the art and science of dentistry has marked the invasion of many fields -- simply denominated, pathology, bacteriology, histology, anatomy, surgery, anaesthesia and certain others, and now we have arrived at the point where preventive dentistry must be our chief concern.

Our field of service has not been over-specialized, yet we in truth can boast of many advances in the specialized fields, starting with the work of Morton and Wells in that of anaesthesia.

Let us for a time discuss the field of dentistry as it presently faces us and consider our present program for the furtherance of our objectives. To do this we must first know how policies are developed.

A large number of committees are elected or appointed each charged with certain definite responsibilities. Their subject under review is examined carefully and a report is presented to the Board of Governors or to the Executive Committee. When presented to the Board of Governors it is referred to another committee for discussion and analysis, and this second committee presents its report to the full Board of Governors. Discussion of both reports ensues and decisions are arrived at and broad policies laid down, that dentistry may develop along proper lines towards fulfilment of its destiny.

Each year has brought its special problem; and may I pay well-earned tribute to those who so carefully laid the foundations for our Association in the early days. They served us well; giving unstintingly of their time and funds to keep the young Association operating; paying all their own travelling expenses and being ready at all times to answer a call to duty that might consume many days. May I also pay tribute to our very excellent permanent staff as well as our Governors and Committee Men; these latter too give many weeks of their time in the performance of their allotted tasks.

ANNUAL MEETING

We are hoping we may soon have a headquarters that will reflect to some degree the importance of our organization, and that will allow us to extend our activities. We are in need of an assistant for our Secretary, preferably one with bi-lingual capabilities, so that much routine work can be lifted from the shoulders of our Secretary, releasing his time to be used in ways more productive of good for our Association. I believe the time has arrived when, using the entre we now have to various health departments and associations, we should with great credit to our Association make more frequent personal contact with them through our Secretary. The passing of the years has brought newer and knottier problems to be solved, but this is a healthy sign, denoting vigorous growth and a willingness to assume proper responsibilities.

Those charged with the production of our Journal have a never ending task. Month in and month out they have faced mounting costs of publication and many other problems peculiar to the publishing field; their burden has increased year by year as have their responsibilities. We are proud of the place our Journal has attained in its field, and must pay well earned tribute to the editorial staff headed by our beloved co editors, Harry Garvin and Gerard de Montigny, but recognising this is not enough, means must be found in the near future for a more equitable distribution of the burden and for a considerably more liberal financial arrangement. This is only one of many reasons why the dentists across Canada must accept the responsibility for greater financial support of the C.D.A.

All contacts of our profession with Federal and Provincial Health Departments have been very cordial and frequent requests have been received by our office from them, for advice and comment upon health matters. Various committees and delegations have also upon request met Federal department officials with beneficial results. It is our hope that these cordial relations will long continue to the definite benefit of the public and our profession.

Three problems are now our chief concern. First may I briefly refer to what is commonly called socialization of dentistry. For any Government dental health program, the policy of the C.D.A. enunciated has been to stress the extension of dental treatment to certain of the younger age group, and gradually include older groups, stressing meanwhile the necessity for preventive education and treatment. So I believe we should continue and even extend wider our support for courses in dentistry for children from coast to coast. This must be our chief effort if we are to assume our place as a health organization.

Laboratory technicians have in too many cases widened their scope of activities far beyond their legitimate field, and I would suggest the Provincial Boards be urged to correct this situation, possibly by the prescription plan.

For some time various magazines have carried articles on dentistry. Many were very misleading to say the least, others dealing with certain phases of research work were too enthusiastic. This whole matter has been very fully discussed by our Public Relations Committee, and each individual case has been handled in a way entirely satisfactory to the Board of Governors and, as well, a general plan for dealing with all future cases has been worked out.

As an example of an excellent public relations article, may I refer you to one on vocational guidance written by our Secretary. It received generous and well earned praise from all quarters when recently published in the Financial Post, and is one of which our profession may well be proud. Another excellent dental booklet for occupational guidance has been produced by the Alumni

ANNUAL MEETING

Association in cooperation with our committee on Public Relations. This will shortly be published in both languages and be ready for distribution.

Our Education Committee has been very busy for the past few years seeking to standardize their dental teaching and vary their curricula in desirable ways. They also have made considerable progress in looking towards the establishment of a National Examining Board.

We have every right to be proud of our various dental faculties, nearly all of which have within the past year or two had many changes on their faculties including new deans. This year has marked the dedication of a new and very carefully planned building in Edmonton, to be the home of the Faculty of Dentistry of the University of Alberta. We are proud to know that here, with such excellent equipment and under the guidance of a wise, enthusiastic and forward looking faculty of able young men, students may gain an ardent desire to carry forward the highest aims of our profession. Here also research facilities have been provided that this part of their professional efforts may also be advanced. Dean Hamilton merits great credit for his untiring efforts in planning this school.

During the year it was my privilege to visit the dental school of the University of Montreal. Here again I met that altogether charming confrere of ours, Ernest Charron, who very kindly consented to conduct me through his school. It is very, very well planned and equipped, and year by year is giving our professional men of whom we are all justly very proud, and each will carry into our profession marks of contact with Ernest Charron. My hope is they may each gather some of his geniality, much of his charming manner and understanding good-will.

The problem of the displaced persons with some type of dental education has become of considerable concern. The standards of various grades of dental education in Europe are frequently quite baffling, added to which most of those presenting profess to have lost all their certificates. It is quite difficult to make some Government agencies that need dental personnel see the necessity for a proper screening. It may be advisable to have a dental faculty evaluate the dental education of each D.P. as they apply for employment, and in this way standardize requirements.

Since our last meeting our Secretary has spent some weeks in England observing the operation of their dental treatment scheme, and we now have his report and also a voluminous file of relative material, all of which has been studied by your Board of Governors in an effort to arrive at a point where we may intelligently and wisely suggest some scheme for a dental treatment in Canada should the Government decide to embark upon one.

Our profession has no fault to find with a plan that will extend needed dental service, but many safeguards are necessary to see that there is no lowering of standards in reference to work and that preventive and educational aspects receive proper attention.

When my good friend Philippe Hamel installed me as President of the C.D.A., last year, I wondered what would be my greatest compensation for my year in office; now I know and freely admit that it has been renewing acquaintances from the Coast to the Island and meeting more of the men and their charming ladies; and experiencing the great thrill of pleasure in realizing this is my land, these people my fellow Canadians and Confreres.

ANNUAL MEETING

As I now relinquish this the highest office in the gift of our Association, may I tell you how greatly I esteem the privilege that was extended me a year ago, and may I say I very deeply appreciate the honour of having been associated on the Executive, and on the Board of Governors, with such a splendid group of men. It has made me very proud to be a Canadian Dentist.

For my successor, my greatest and truest wish is that he may enjoy his term as much as I have mine; and I know he also will receive wholehearted support from all our profession and its officers. I wish him every success.

ANNUAL MEETING

G. V. Fisk

ADDRESS OF NEW PRESIDENT

In accepting the office of President of our National Body, I do so with a keen sense of the confidence that you and the Board of Governors have placed in me. It is with a deep sense of humility and an earnest desire to merit your confidence that I accept the honour conferred upon me.

At the same time, I realize fully that with the honour come heavy responsibilities. To share these responsibilities it is reassuring to feel that I shall be supported by a strong Executive Committee, an able Board of Governors, an efficient Secretary, and a capable group of committee chairmen.

I should like to draw attention to the fact that our Vice-President, who is a most capable man, is also a Past President of the O D A. This fortunate circumstance for me arises from the expedient decision of the Board of Governors to hold the 1951 meeting of the C D A in the National Capital which you have heard recently is in the City of Ottawa. The Board of Governors have so far adhered to the policy that the place of meeting is chosen in the province in which the President resides.

Another fortunate circumstance for me lies in the fact that the President of the O D A, the cooperating body in the 1950 meeting, is another very capable gentleman. These are the men upon whose assistance I can count on in the days that lie ahead.

If you want to give a child a good start in life, you give him a good name. The child, Dentistry, has a good name in Canada. It has increased in stature immeasurably during the past year under the experienced leadership of Dr. Merkeley and is destined to continue in stature and wisdom as it becomes a mature member of the health professions. Dr. Merkeley may I congratulate you upon the important contribution which you have made toward the successful rearing of this child.

Whatever a President does or says, there are members of the profession who could have done or said it some other, or probably better, way. I trust that during the coming year whatever is said on your behalf may be the way you would have said it, and that what is done respecting our profession may be for its betterment.

One of the privileges which is accorded the President of the National Body is the opportunity to visit a number of the dental societies across Canada and I am looking forward to becoming better acquainted with many of you in a more intimate friendly manner. Another privilege is to invite you to attend the annual meeting at which he presides. I am, therefore, most happy to extend to you a very cordial invitation to attend the next annual meeting of this Association in Toronto, May 15 - 17, 1950. This meeting will be held in cooperation with the Ontario Dental Association, and the President of that Association, Dr. Lloyd Grose, would also wish me to invite you to the combined meeting on his behalf.

ANNUAL MEETING

The Convention Committee, under the chairmanship of Dr. Charles Williams, is already functioning, and I can assure you of a very fine program which is now being developed under his able direction.

An outstanding feature of this meeting will be a Clinical At Home at the Faculty of Dentistry Building on Tuesday afternoon, May 16th. This function will mark the 75th Anniversary of the founding of Dental Education in Canada.

Someone has said that "to see where we are going is the only reason to look back." Like Janus, we look back; but only to revive those cherished memories which help strengthen our resolve to do better, to have higher aspirations for achievement.

Life's length is not measured by its hours and days, but by that which has been accomplished for our fellow men. We may do much in a few years, and we may do nothing in a lifetime.

It is my sincere hope that one year hence we may all look back and feel that something worthwhile has been accomplished for the Profession of Dentistry in Canada.

PROGRAM

SCIENTIFIC PROGRAM

Sunday, June 5

2:00 p.m. -- Registration, Main Floor Lobby.

8:30 p.m. -- Reception, Banquet Hall.

-- Registration, Main Floor Lobby.

Monday, June 6

8:00 a.m. -- Registration, Main Floor Lobby.

9:00 - 9:30 a.m. -- Assembly, Ball Room first floor.

Invocation -- Rev. R.W.K. Elliott.

Address of Welcome -- Deputy Mayor S.E. Bushe.

President's Address -- Dr. W.J. Merkeley, C.D.A. President and Dr. L.J.D. Fasken, W.C.D.S. President, introduced by Dr. C.B. Hallett, Convention Convener.

9:30 - 10:45 a.m. -- Essayist, Ballroom, Dr. W.J. Pryor, Cleveland, Ohio, "Important Procedures in Denture Service."

10:50 - 11:45 a.m. -- Lecture, Ballroom, Dr. H.K. Brown, Director of Dental Services, Department of Public Health and Welfare, introduced by Dr. R.R. McIntyre, Calgary, Alta., Chairman Dental Health Education, C.D.A.

11:45 - 12:15 p.m. -- Exhibits.

12:30 - 1:45 p.m. -- Luncheon, Banquet Hall. Auspices of Regina and Moose Jaw Dental Societies. Speaker -- Dr. A.E. Chegwin, Director of Dental Services, Department of Public Health, Province of Saskatchewan.

2:00 - 3:15 p.m. -- Group Clinicians, Table Clinics, Motion Pictures, Salons 2 - 6.

3:30 - 4:45 p.m. -- Group Clinicians, Table Clinics, Motion Pictures, Salons 2 - 6.

5:00 - 6:00 p.m. -- House of Delegates Meeting, Salon 3,

-- Defence Dental Association (Sask. Branch)

Cocktail Party and Meeting. Salon 5.

6:15 - 7:45 p.m. -- Dinner. Banquet Hall.

PROGRAM

8:00 - 9:00 p.m. -- Essayist, Banquet Hall. Dr. W.J. Pryor, Cleveland, Ohio, "Important Procedures in Denture Service."
-- continued.

9:00 - 10:15 p.m. -- Group Clinicians, Table Clinics, Motion Pictures, Salons 2 - 6.

10:15 p.m. -- Alumni Association of University of Alberta Dental School Meeting. Salon 5.

Tuesday, June 7

9:00 - 10:15 a.m. -- Essayist, Ballroom, Dr. J.C. Brauer, Pedodontist, School of Dentistry, University of Washington, Seattle, 1st session. Subject -- "The Child in Your Practice."

10:30 - 11:45 a.m. -- Essayist, Ballroom, Dr. P.G. Anderson, School of Dentistry, University of Toronto, "Operative Procedures."

12:00 - 1:45 p.m. -- Luncheon, Banquet Hall. Chairman, Dr. R.L. Toren, Address, Rev. A.B.B. Moore.

2:00 - 3:15 p.m. -- Essayist, Ballroom. Dr. J.C. Brauer, Seattle, 2nd Session, Subject, "Everyday Preventive Dentistry."

3:30 - 4:45 p.m. -- Group Clinicians, Table Clinics, Motion Pictures. Salons 2 - 6.

5:00 - 6:00 p.m. -- Exhibits.

6:30 p.m. -- President's Banquet and Dance. Banquet Hall and Ballroom. Dress optional. Chairman, Dr. C.B. Hallett. Address, Dr. G.D.W. Cameron, Ottawa, Deputy Minister of National Health.

Wednesday, June 8

9:00 - 10:15 a.m. -- Essayist, Ballroom. Dr. P.G. Anderson, Toronto. Subject, "Fixed Bridge Restorations."

10:30 - 11:45 a.m. -- Group Clinicians, Table Clinics, Motion Pictures, Salons 2 - 6.

12:00 - 2:15 p.m. -- Luncheon, Banquet Hall. C.D.A. Annual Meeting. President's Address, Dr. H.J. Merkeley. Installation of Officers. Open Session. Presentation of Golf awards.

2:30 - 3:30 p.m. -- Lecture. Ballroom. Dr. H.K. Brown, Director of Dental Services, Department of Public Health and Welfare.

3:30 - 4:30 p.m. -- Table Clinics, Banquet Hall. Motion Pictures.

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